

FILED SEP 20 1954

## STANDARD CERTIFICATE OF DEATH

State File No. **30021**

BIRTH NO. _____		REG. DIST. NO. <b>53</b>		PRIMARY REG. DIST. NO. <b>3010</b>		Registrar's No. <b>341</b>	
1. PLACE OF DEATH a. COUNTY <b>Cape Girardeau</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Cape Gir.</b>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Cape Girardeau</b>		c. LENGTH OF STAY (In this place) <b>26 yrs.</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Cape Girardeau</b>		d. STREET ADDRESS (If rural, give location) <b>402 North St.</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Mississippi River</b>				d. STREET ADDRESS (If rural, give location) <b>402 North St.</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>George</b> b. (Middle) _____ c. (Last) <b>Smith</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Sept. '8, 1954</b>				
5. SEX <b>Male</b>	6. COLOR OR RACE <b>Negro</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Dec. 20, 1893</b>		9. AGE (In years last birthday) <b>60</b>	10. MONTHS <b>8</b>	11. DAYS <b>18</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Laborer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Construction</b>		11. BIRTHPLACE (State or foreign country) <b>Macon, Miss.</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13a. FATHER'S NAME <b>Sam Smith</b>		13b. MOTHER'S MAIDEN NAME <b>Unk.</b>		14. NAME OF HUSBAND OR WIFE <b>Daisy Mae Smith</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>NO</b> (If yes, give war or dates of service) <b>---</b>		16. SOCIAL SECURITY NO. <b>492-16-5016A</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Daisy Mae Smith</b> ADDRESS <b>402 N. St. Cape Gir., Mo.</b>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary Occlusion</b>					INTERVAL BETWEEN ONSET AND DEATH	
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____						
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <b>4201</b>						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
				<b>Cape Girardeau / Cape Gir. Mo</b>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>Sept 8 5:43:50a</b>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>Has a heart attack while fishing</b>			
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <b>3:50A</b> m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <b>J. G. Simmons, Coroner</b>				23b. ADDRESS <b>Jackson Mo</b>		23c. DATE SIGNED <b>9/9/54</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>Sept. 12, 1954</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Fairmont Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Cape Girardeau, Mo.</b>	
DATE REC'D BY LOCAL REG. <b>9-13-54</b>		REGISTRAR'S SIGNATURE <b>C. C. Summers</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>J. D. Sparks</b>		ADDRESS <b>Cape Gir., Mo.</b>	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \_\_\_\_\_

working under my personal supervision.

Student Embalmer No.....

Signed

*Frank Apudis*

Signed.....

Student Embalmer

Licensed Embalmer No. *3455*

P. O. Address *Cape Swarden*

**Note:** The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.