

THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

State File No. 30259

FILED OCT 11 1954

BIRTH NO. _____		REG. DIST. NO. <u>120</u>		PRIMARY REG. DIST. NO. <u>5447</u>		Registrar's No. <u>91</u>	
1. PLACE OF DEATH a. COUNTY <u>Lentry Co</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Lentry</u>			
b. CITY OR TOWN <u>Rural - Howard Twp</u>		c. LENGTH OF STAY (in this place) <u>70 yrs</u>		c. CITY OR TOWN <u>Rural - Howard Twp</u>		d. STREET ADDRESS (If rural, give location) <u>Alfany Mo. 0280</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Alfany Mo</u>				4. DATE OF DEATH (Month) (Day) (Year) <u>Sept 28 1954</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>JAMES</u> b. (Middle) <u>EDWIN</u> c. (Last) <u>SMITH</u>				5. SEX <u>M</u> 6. COLOR OR RACE <u>W</u> 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>never married</u>			
8. DATE OF BIRTH <u>Sept 5 1882</u>				9. AGE (In years last birthday) <u>72</u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>				10b. KIND OF BUSINESS OR INDUSTRY _____			
11. BIRTHPLACE (City and State or Foreign Country) <u>Mo</u>				12. CITIZEN OF WHAT COUNTRY? <u>USA</u>			
13a. FATHER'S NAME <u>Freeman Smith</u>		13b. MOTHER'S MAIDEN NAME <u>Martha Mc Glinchey</u>		14. NAME OF HUSBAND OR WIFE _____			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>489-30-6950</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Lizzie Mc Clure - Alfany Mo</u> ADDRESS _____			
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertension & Cancer of throat</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>2 days</u> <u>1 yr</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <u>531xH</u>				20. AUTOPSY? YES ☐ NO ☒	
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) _____		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min) _____	
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒		21f. HOW DID INJURY OCCUR? _____					
22. I hereby certify that I attended the deceased from <u>Sept 1</u> , 19 <u>54</u> , to <u>Sept 28</u> , 19 <u>54</u> , that I last saw the deceased alive on <u>Sept 28</u> , 19 <u>54</u> , and that death occurred at <u>12 A m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Charles D. Williamson D.O.</u>		23b. ADDRESS <u>Lentry Mo</u>		23c. DATE SIGNED <u>Sept 28-54</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Sept 30 1954</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Lone Star Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Lone Star Mo</u>	
DATE REC'D BY LOCAL REG. <u>Oct 4-54</u>		REGISTRAR'S SIGNATURE <u>Maurice Williams</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>K.A. Brown</u>		ADDRESS <u>Alfany Mo</u>	

(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 _____

John Andrews
working under my personal supervision.

Student Embalmer No. _____

Student
Student Embalmer

Signed _____

John Andrews

Licensed Embalmer No. *4211*

P. O. Address *Grant City Mo.*

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.