

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **31155**

FILED SEP 20 1954

BIRTH NO. _____ REG. DIST. NO. 174 PRIMARY REG. DIST. NO. 5661 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY <u>LEWIS</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO</u> b. COUNTY <u>Lewis</u>	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>EWING, HIGHLAND township</u>)		c. LENGTH OF STAY (in this place) <u>2 yrs.</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION		f. STREET ADDRESS (If rural, give location) <u>0560</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>RALPH</u> b. (Middle) <u>ROLAND</u> c. (Last) <u>Smith</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Sept. 13, 1954</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Sept. 21, 1874</u>	9. AGE (In years last birthday) <u>79</u>	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Banker</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) / <u>Iowa</u>	
13a. FATHER'S NAME <u>David M. Smith</u>		13b. MOTHER'S MAIDEN NAME <u>Clara Knight</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. (If yes, give war or dates of service) <u>no</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Cecil Johnston</u>		ADDRESS <u>Ewing</u>
---	--	---	--	-------------------------

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		INTERVAL BETWEEN ONSET AND DEATH <u>2 Days</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebro-Vascular accident</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Generalized arterio-sclerosis</u> 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 <u>331X</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input 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)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug, 1952, to 12 Sept, 1954, that I last saw the deceased alive on 12 Sept, 1954, and that death occurred at DOB m., from the causes and on the date stated above.

23a. SIGNATURE <u>John W Will</u>	(Degree or title) <u>DO. 2</u>	23b. ADDRESS <u>Lewistown MO</u>	23c. DATE SIGNED <u>14 Sept 54</u>
--------------------------------------	--------------------------------	-------------------------------------	---------------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <u>Sept. 16, 1954</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Redding Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Redding Iowa</u>
---	------------------------------------	---	--

DATE REC'D BY LOCAL REG. <u>9-15-54</u>	REGISTRAR'S SIGNATURE <u>P. W. Jennings, M.D.</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Thomas Ball</u>	ADDRESS <u>Ewing, Mo</u>
--	--	--	-----------------------------

E. P.

(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, Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed..... *Thomas Ball*

Licensed Embalmer No. *1744*

P. O. Address..... *Ewing*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.