

FILED OCT 22 1954

STANDARD CERTIFICATE OF DEATH

3184  
State File No. 319  
Registrar's No. 319

BIRTH NO. REG. DIST. NO. 43 PRIMARY REG. DIST. NO. 3007

1. PLACE OF DEATH a. COUNTY <b>BUTLER</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY <b>RIPLEY</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>POPLAR BLUFF 1 Wk</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>RURAL 0910</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>DOCTORS HOSPITAL</b>		d. STREET ADDRESS (If rural, give location) <b>GATEWOOD - MISSOURI</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>ELLA</b> b. (Middle) <b>MYRTLE</b> c. (Last) <b>SMITHSON</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>SEPT. 30 - 1954</b>		
5. SEX <b>FEMALE</b>		6. COLOR OR RACE <b>WHITE</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>WIDOWED</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>HOUSEWIFE</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>AT HOME</b>		8. DATE OF BIRTH <b>JUNE 18 - 1899 - 55</b>	
11. BIRTHPLACE (State or foreign country) <b>POPPER - MISSOURI</b>			9. AGE (In years last birthday) <b>55</b>		
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>			12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		

13a. FATHER'S NAME <b>ANDREW H. FORRISTER</b>		13b. MOTHER'S MAIDEN NAME <b>MARY BRUCE</b>		14. NAME OF HUSBAND OR WIFE <b>ARTHUR SMITHSON</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b>		16. SOCIAL SECURITY NO. <b>NONE</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>BRN SMITHSON - POPLAR BLUFF</b>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION <b>NO</b>		INTERVAL BETWEEN ONSET AND DEATH	
1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral Hemorrhage</b>		ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		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>331X</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)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		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 9-28, 1954, to 9-30, 1954, that I last saw the deceased alive on 9-30, 1954, and that death occurred at 3:45 P.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>Messrs. R. Barbour, M.D.</b>		23b. ADDRESS <b>11 Speer Bluff, Mo.</b>		23c. DATE SIGNED <b>10/1/54</b>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		24b. DATE <b>10-2-54</b>		24c. NAME OF CEMETERY OR CREMATORY <b>POPPER CEMETERY</b>	
				24d. LOCATION (City, town, or county) (State) <b>POPPER - MISSOURI</b>	

DATE RECD BY LOCAL REG. <b>10/14/54</b>		REGISTRAR'S SIGNATURE <b>OR Murch</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>EDWARDS FUNERAL HOME - DONIPHAN, MO.</b>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED  
OCT 19 1954  
BUTLER CO. HEALTH CENTER  
BUTLER CO. HEALTH CENTER  
FILE NO. \_\_\_\_\_

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 .....  
Student Embalmer

Signed \_\_\_\_\_

Licensed Embalmer No. 4809

P. O. Address Douglas

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.