

THE DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **34427**

**FILED NOV 15 1954**

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

BIRTH NO. _____		REG. DIST. NO. <u>169</u>		PRIMARY REG. DIST. NO. <u>4259</u>		Registrar's No. <u>42</u>			
1. PLACE OF DEATH a. COUNTY <u>Knot</u>				2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>KNOX</u>					
b. CITY OR TOWN <u>Newark</u>		c. LENGTH OF STAY (in this place) <u>15 yrs</u>		c. CITY OR TOWN <u>Newark Mo</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Residence</u>				No. STREET ADDRESS (If rural, give location) <u>0520</u> <u>0</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>ALBERT</u>			b. (Middle) <u>W</u>		c. (Last) <u>SMITH</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Oct 24, 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>April 8, 1859</u>		9. AGE (in years last birthday) <u>75</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>General</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Beckenridge Ill</u>			12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>John Smith</u>			13b. MOTHER'S MAIDEN NAME <u>Sarah Hooley</u>			14. NAME OF HUSBAND OR WIFE _____			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>			16. SOCIAL SECURITY NO. <u>no</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Ross Smith</u> ADDRESS <u>Newark, Mo.</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, ashenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pneumonia</u> ANTECEDENT CAUSES DUE TO (b) <u>Nephritis</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Hemorrhage into B bladder</u>				INTERVAL BETWEEN ONSET AND DEATH <u>4 days</u> <u>2 years</u> <u>2 days</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				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) <u>591 X</u>					
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 <u>Oct 21, 1954</u> , to <u>Oct 24, 1954</u> , that I last saw the deceased alive on <u>Oct 24, 1954</u> , and that death occurred at <u>1 Pm.</u> , from the causes and on the date stated above.									
23a. SIGNATURE <u>Ernest G. Lower D. O.</u> (Degree or title)				23b. ADDRESS <u>Newark Mo</u>		23c. DATE SIGNED <u>10/25/54</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Oct. 26, 1954</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Newark</u>		24d. LOCATION (City, town, or county) (State) <u>1/2 mile W. of Newark, Knox Co., Mo.</u>			
DATE REC'D BY LOCAL REG. <u>Oct. 29, 54</u>		REGISTRAR'S SIGNATURE <u>Helle S. Hunolt</u> <u>151-0</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Thomas Ball</u> ADDRESS <u>Cowing, Mo.</u>					

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. *174*.....

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.