

Dr. *Chapman*
FILED NOV 5 - 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **34809**

BIRTH NO. *97264-54* REG. DIST. NO. *972* PRIMARY REG. DIST. NO. *5912* Registrar's No. *86*

1. PLACE OF DEATH
a. COUNTY *Demascat*
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN *Steele Va.*
c. LENGTH OF STAY (in this place) *2 mo.*
d. FULL NAME OF HOSPITAL OR INSTITUTION *R. 2*

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE *Missouri* b. COUNTY *Demascat*
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN *Steele Va. Tenn.*
d. STREET ADDRESS (If rural, give location) *Route 2 0780*

3. NAME OF DECEASED
a. (First) *Willie* b. (Middle) *Lee* c. (Last) *Smith*

4. DATE OF DEATH (Month) (Day) (Year)
10-21-54

5. SEX *M* 6. COLOR OR RACE *Col*

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) *Single*

8. DATE OF BIRTH *8-22-54*

9. AGE (In years last birthday) IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min. *2 0 0*

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired) *Child*

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) *Steele, Mo*

12. CITIZEN OF WHAT COUNTRY? *U.S.A*

13a. FATHER'S NAME *John Lee Smith*

13b. MOTHER'S MAIDEN NAME *Hattie Brooks*

14. NAME OF HUSBAND OR WIFE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)

16. SOCIAL SECURITY NO.

17. INFORMANT'S SIGNATURE OR NAME ADDRESS *John Lee Smith Steele Mo 672*

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) *Gastro-Enteritis*
ANTECEDENT CAUSES DUE TO (b) *Streptococcus*
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
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

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION *5710*

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) *Steele Demascat Mo*

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

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 *10-20-54* to *10-21-1954*, that I last saw the deceased alive on *10-21-1954*, and that death occurred at *6:00 p.m.*, from the causes and on the date stated above.

23a. SIGNATURE *J.R. Chapman, MD* (Degree or title)

23b. ADDRESS *Steele, Mo*

23c. DATE SIGNED *10-23-54*

24a. BURIAL, CREMATION, REMOVAL (Specify)

24b. DATE *10-22-54*

24c. NAME OF CEMETERY OR CREMATORY *Holly Grove*

24d. LOCATION (City, town, or county) (State) *Steele Mo*

DATE REC'D BY LOCAL REG. *10-27-54*

REGISTRAR'S SIGNATURE *J.R. Chapman*

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS *Herman and Co. Steele Mo*

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

11- 247-84

PEMISCOT COUNTY HEALTH DEPARTMENT
COURTHOUSE PHONE ()
CARUTHERSVILLE, MO.

NOV 4 1954

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.....

Not Embalmed

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....

Signed.....
Student Embalmer

Licensed Embalmer No.....

P. O. Address.....

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

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