No. 300
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FILED OCT 26 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 36272

BIRTH NO. _____ REG. DIST. NO. 356 PRIMARY REG. DIST. NO. 4521 Registrar's No. 45

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

1. PLACE OF DEATH
a. COUNTY: TEXAS
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): HOUSTON
c. LENGTH OF STAY (in this place): 4 YRS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MO
b. COUNTY: TEXAS
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): HOUSTON
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) FLOYD b. (Middle) c. (Last) SMITH
4. DATE OF DEATH (Month) (Day) (Year): OCT. 15 1954
5. SEX: M.O
6. COLOR OR RACE: W.
7. MARRIED, ~~NEVER MARRIED, WIDOWED, DIVORCED~~ (Specify): MARRIED
8. DATE OF BIRTH: NOV. 26 1907
9. AGE (In years last birthday): 46 — IF UNDER 1 YEAR: Months 10, Days 19 — IF UNDER 24 HRS.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): CAB DRIVER
10b. KIND OF BUSINESS OR INDUSTRY: TAXI CAB
11. BIRTHPLACE (State or foreign country): FAYEVILLE ILL.
12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME: WILLIAM SMITH
13b. MOTHER'S MAIDEN NAME: FREEDA MORRIS
14. NAME OF HUSBAND OR WIFE: JESSIE SMITH
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) YES (If yes, give war or dates of service) W.W. II
16. SOCIAL SECURITY NO.: 350-07-2500
17. INFORMANT'S SIGNATURE OR NAME: JESSIE SMITH ADDRESS: HOUSTON, MO

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Coronary Thrombosis extensive
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerotic Coronary
DUE TO (c) Heart Disease

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. None

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION 4201
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) 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* 10/15, 1954, *to* 10/15, 1954, *that I last saw the deceased alive on* 10/15, 1954, *and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): J. J. Burns M.D.
23b. ADDRESS: Houston Mo.
23c. DATE SIGNED: 10/16/54
24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: 10-17-54
24c. NAME OF CEMETERY OR CREMATORY: HOUSTON
24d. LOCATION (City, town, or county) (State): HOUSTON MO
DATE REC'D BY LOCAL REG.: 10-22-54
REGISTRAR'S SIGNATURE: Myrtie Craig
25. FUNERAL DIRECTOR'S SIGNATURE: Elliott Funeral Home ADDRESS: HOUSTON, MO

(Licensed Embalmer's Statement on Reverse Side)

NOV 24 1954

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 .....

....., Student Embalmer No. .....

working under my personal supervision.

Student .....
Student Embalmer

Signed Frank E. Ward

Licensed Embalmer No. 4026

P. O. Address Houston, MO

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

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