

FILED DEC 7 1954

STANDARD CERTIFICATE OF DEATH

State File No. 37198

BIRTH NO. _____ REG. DIST. NO. 138 PRIMARY REG. DIST. NO. 5221 Registrar's No. 47

1. PLACE OF DEATH
a. COUNTY Hickory
b. CITY (If outside corporate limits, write RURAL and give township) Rural Center, Miss
c. LENGTH OF STAY (In this place) 30 Min
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 1 1/4 Miles S.W. Hermitage

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Oregon b. COUNTY Umatilla
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Pendleton
d. STREET ADDRESS (If rural, give location) 9240

3. NAME OF DECEASED
a. (First) Albert b. (Middle) F c. (Last) Smith

4. DATE OF DEATH (Month) (Day) (Year) Dec. 1-1951

5. SEX Male 6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married

8. DATE OF BIRTH JAN 29-1890

9. AGE (In years last birthday) 64 10. MONTHS 10 11. DAYS 2 12. HOURS 2 13. MIN. 2

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

10b. KIND OF BUSINESS OR INDUSTRY House Building

11. BIRTHPLACE (State or foreign country) Baltimore Maryland

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

13a. FATHER'S NAME Tipp Smith

13b. MOTHER'S MAIDEN NAME Mary Willetta

14. NAME OF HUSBAND OR WIFE Unknown Vergie May Smith

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Unknown None

16. SOCIAL SECURITY NO. 540-127898

17. INFORMANT'S SIGNATURE OR NAME ADDRESS Vergie May Smith - Hermitage

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

MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Probably Coronary Thrombosis
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) _____
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 Instantly

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION 4/201

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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at LIZUP m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Mary Johnson Local Registrar Hermitage Mo.

23b. ADDRESS Hermitage Mo.

23c. DATE SIGNED 12-2-54

24a. BURIAL OR CREMATION REMOVAL (Specify) BURIAL

24b. DATE 12-2-1954

24c. NAME OF CEMETERY OR CREMATORY Hermitage Cemetery

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

DATE REC'D BY LOCAL REG. 12-2-1954

REGISTRAR'S SIGNATURE Mary Johnson 464

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Suburban - Wheatland, Mo.

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

8-30-58

DEC 10 1958

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 *Chas. Gilbert Hathaway*

Licensed Embalmer No. *42671*

P. O. Address *Wheatland, W. Va.*

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.