

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

37231

State File No. ....

FILED NOV 29 1954

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 141 PRIMARY REG. DIST. NO. 3025 Registrar's No. 60

copy

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

1. PLACE OF DEATH a. COUNTY <u>HOWELL</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>HOWELL</u>	
b. CITY (If outside corporate limits, write RURAL and give town or township) <u>West PLAINS,</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>WEST PLAINS,</u>	
c. LENGTH OF STAY (in this place) <u>70 yrs</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>X</u>		d. STREET ADDRESS (If rural, give location) <u>Rte., 2</u>	

3. NAME OF DECEASED (Type or Print) <u>ALEXANDER SMITH</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>11-12-54</u>		
a. (First)	b. (Middle)	c. (Last)			

5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>W</u>	8. DATE OF BIRTH <u>10-4-1884</u>	9. AGE (In years last birthday) <u>70</u>	IF UNDER 1 YEAR Months <u>1</u> Days <u>8</u>	IF UNDER 24 HRS. Hours <u></u> Mins. <u></u>
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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>X</u>	11. BIRTHPLACE (State or foreign country) <u>HOWELL COUNTY, MISSOURI</u>	12. CITIZEN OF WHAT COUNTRY? <u>U S</u>
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13a. FATHER'S NAME <u>D. R. SMITH</u>	13b. MOTHER'S MAIDEN NAME <u>EMMA WINELAND</u>	14. NAME OF HUSBAND OR WIFE <u>X</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>X</u>	16. SOCIAL SECURITY NO. <u>X</u>	17. INFORMANT'S SIGNATURE OR NAME <u>CHESTER SMITH, WEST PLAINS, MO</u>	ADDRESS <u>MC</u>
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial Infarction</u>		INTERVAL BETWEEN ONSET AND DEATH <u>1 hour</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>H.C.V.D., Coronary sclerosis years</u>		
	DUE TO (c) <u>Angina pectoris</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>2 yrs</u>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>h201</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from September 1954, to November 13, 1954, that I last saw the deceased alive on Nov. 12, 1954, and that death occurred at 9:20 PM, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>M. L. Fowler MD.</u>	23b. ADDRESS <u>West Plains Mo.</u>	23c. DATE SIGNED <u>Nov. 18 1954</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>B</u>	24b. DATE <u>11-14-54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>BARNETT</u>	24d. LOCATION (City, town, or county) (State) <u>WEST PLAINS, MO</u>
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DATE REC'D BY LOCAL REG. <u>11-24-54</u>	REGISTRAR'S SIGNATURE <u>Beatrice Cook</u> 379	25. FUNERAL DIRECTOR'S SIGNATURE <u>ROBERTSONS, WEST PLAINS, MO</u>	ADDRESS
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**STATEMENT BY LICENSED EMBALMER**

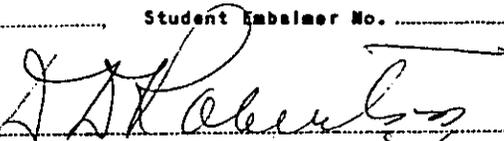
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed



Licensed Embalmer No. 3437

P. O. Address West Haven

**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.