

FILED DEC 7 1954

STANDARD CERTIFICATE OF DEATH

Smith
State File No. 38132

BIRTH NO. _____ REG. DIST. NO. 242 PRIMARY REG. DIST. NO. 4362 Registrar's No. 18

1. PLACE OF DEATH a. COUNTY NEW MADRID		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MO b. COUNTY NEW MADRID	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN MOREHOUSE		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN MOREHOUSE	
c. LENGTH OF STAY (In this place) 55 yrs		d. STREET ADDRESS (If rural, give location) 2720	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) 0	
3. NAME OF DECEASED (Type or Print) a. (First) ANDREW b. (Middle) CHESTER c. (Last) RHYONS		4. DATE OF DEATH (Month) (Day) (Year) 8-16-54	
5. SEX M	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH MAR 7 1870
9. AGE (In years last birthday) 84		IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RET. MILL WORKER		10b. KIND OF BUSINESS OR INDUSTRY SAW MILL	
11. BIRTHPLACE (City and State or Foreign Country) PARMESVILLE TENN		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME JOHN		13b. MOTHER'S MAIDEN NAME EMMALEE DEARBERRY	
14. NAME OF HUSBAND OR WIFE LILLIE			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 487-18-5176	
17. INFORMANT'S SIGNATURE OR NAME Blen Rhyns - Morehouse Mo		ADDRESS	
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION INTERVAL BETWEEN ONSET AND DEATH 30 to 40 min	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Myocardial Infarction		DUE TO (b) Cardiac Decompensation - 1 yr	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) Hypertensive Cardiovascular Disease			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Pulmonary Edema Probable Ca of lung			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 443X H	
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)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		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 1-27, 1954 , to 8-16, 1954 , that I last saw the deceased alive on 8-7, 1954 , and that death occurred at 4 P.M. , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) Conrad B. Smith M.D.		23b. ADDRESS Sikeston Mo.	
23c. DATE SIGNED 9.8.54			
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 8-18-54	
24c. NAME OF CEMETERY OR CREMATORY City		24d. LOCATION (City, town, or county) (State) SIKESTON MO	
DATE REC'D BY LOCAL REG. 12/4-54		REGISTRAR'S SIGNATURE Thomas M. Sheetz	
25. FUNERAL DIRECTOR'S SIGNATURE Wald Funeral Home		ADDRESS Sikeston Mo	

(Licensed Embalmer's Statement on Reverse Side)

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

0722

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 Raymond Grewer

Licensed Embalmer No. 3467

P. O. Address Sikeston Mo

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.