

No. 300
10. 48

FILED NOV 16 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.
38400

BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 3059 Registrar's No. 343

1. PLACE OF DEATH a. COUNTY St. Francois		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Nebraska b. COUNTY Lancaster	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Bonne Terre		c. CITY OR TOWN Lincoln	d. If Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (In this place) 2 hrs		e. STREET ADDRESS (If rural, give location) 636 South 17th Street	
d. FULL NAME OF HOSPITAL OR INSTITUTION Bonne Terre Hospital			

3. NAME OF DECEASED (Type or Print)	a. (First) Edward	b. (Middle) Lee	c. (Last) Smith	4. DATE OF DEATH (Month) (Day) (Year) Nov. 1, 1954
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH April 21, 1925	9. AGE (In years last birthday) 29	IF UNDER 1 YEAR Months 6 Days 10	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Civil Engineer	10b. KIND OF BUSINESS OR INDUSTRY Civil Service	11. BIRTHPLACE (City and State or Foreign Country) St. Francois Co. Mo.	12. CITIZEN OF WHAT COUNTRY? US
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13a. FATHER'S NAME Zebleon Edward Smith	13b. MOTHER'S MAIDEN NAME Callie Engleman	14. NAME OF HUSBAND OR WIFE Claudean Smith
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15. WAS DECEASED EVER IN U.S. ARMED SERVICES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) WW 2	16. SOCIAL SECURITY NO. 488-24-5363	17. INFORMANT'S SIGNATURE OR NAME Mrs. Edward L. Smith	ADDRESS Lincoln Neb.
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral hemorrhage		INTERVAL BETWEEN ONSET AND DEATH 48 hrs
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. DUE TO (c) _____		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 331X	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) (m.)	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 10-30-54 to 11-1, 1954, that I last saw the deceased alive on 11-1, 1954, and that death occurred at 5:30p m., from the causes and on the date stated above.

23a. SIGNATURE H. P. Kache M.D. (Degree or title)	23b. ADDRESS Desloge Mo	23c. DATE SIGNED 11-8-54
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 11/4/54	24c. NAME OF CEMETERY OR CREMATORY St. Francois Meo. Pk.	24d. LOCATION (City, town, or county) (State) St. Francois Co. Mo.
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DATE REC'D BY LOCAL REG. Nov. 8, 1954	REGISTRAR'S SIGNATURE Ether Redloff	25. FUNERAL DIRECTOR'S SIGNATURE C. Z. Boyer & Son Desloge, Mo. ADDRESS
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(Licensed Embalmer's Statement on Reverse Side)

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

0941 0

MAR 11 1957

NOV 16 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.....
Signature of Student Embalmer

Signed *B.T. Boyer*.....

Licensed Embalmer No... *36*.....

P. O. Address *Alcalá*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.