

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

39844

State File No. ....

FILED NOV 26 1954

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 328 PRIMARY REG. DIST. NO. 3073 Registrar's No. 32

1. PLACE OF DEATH a. COUNTY <u>SCOTT</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>SCOTT</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>CHAFFEE</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>CHAFFEE</u> <u>1001</u>	
c. LENGTH OF STAY (in this place) <u>7 YRS.</u>		d. STREET ADDRESS (If rural, give location) <u>217 DAVIDSON AVE.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>217 DAVIDSON AVE</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>HENRY</u>	b. (Middle) <u>DALLAS</u>	c. (Last) <u>SMITH</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>NOV. 13, 1954</u>
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5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>AUG. 1, 1878</u>	9. AGE (in years last birthday) <u>76</u>	IF UNDER 1 YEAR Months <u>3</u> Days <u>12</u>	IF UNDER 24 HRS. Hours <u></u> Min. <u></u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMER - (RET)</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>FARMING</u>	11. BIRTHPLACE (State or foreign country) <u>BELKNAP, ILLINOIS</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>JOHN SMITH</u>	13b. MOTHER'S MAIDEN NAME <u>MARY LYNN</u>	14. NAME OF HUSBAND OR WIFE <u>MAMIE VALENA SMITH</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>	16. SOCIAL SECURITY NO. <u>NONE</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>MRS. FRANCIS HUMPHREY - SIKESTON, MO.</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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>ACUTE CARDIAC DECOMPENSATION</u>		<u>24 HRS</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>MYOCARDIOSIS,</u> DUE TO (c) <u>CARDIO-VASCULAR RENAL Disease</u>		<u>3 YRS?</u> <u>3 YRS?</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>RENAL CALCULUS</u>		<u>24 HRS.</u>	

19a. DATE OF OPERATION <u>NONE</u>	19b. MAJOR FINDINGS OF OPERATION <u>NONE</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>NATURAL</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>NONE</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>NONE</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>NONE</u>	21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>NONE</u>
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22. I hereby certify that I attended the deceased from JULY, 1954, to NOV. 13, 1954, that I last saw the deceased alive on NOV. 13, 1954, and that death occurred at 12:45P.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>H. J. Mosbach, D.O.</u>	23b. ADDRESS <u>Chaffee, Mo.</u>	23c. DATE SIGNED <u>11-13-54</u>
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24a. BURIAL CREMATION REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>11-16-1954</u>	24c. NAME OF CEMETERY OR CREMATORY <u>NEW MORLEY CEMETERY</u>	24d. LOCATION (City, town, or county) (State) <u>MORLEY, MISSOURI</u>
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DATE REC'D BY LOCAL REG. <u>11-18-54</u>	REGISTRAR'S SIGNATURE <u>May Bisplinghoff</u>	429-01	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>McBisplinghoff-Chaffee, Mo</u>
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DATE RECEIVED **NOV 25 1954**  
SCOTT CO. HEALTH DEPT.  
CO. FILE No. 1154-238

NOV 26 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 \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

Signed \_\_\_\_\_

*Jack J. Burnett*

Signed .....  
Student Embalmer

Licensed Embalmer No. 4472

P. O. Address Chaffee, M

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.