

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

41773

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 226 PRIMARY REG. DIST. NO. 4338 Registrar's No. 44

1. PLACE OF DEATH a. COUNTY <u>MONROE</u>		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>MONROE</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>MONROE CITY</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>MONROE CITY</u> <u>0690</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>EAST FRONT ST.</u>		d. STREET ADDRESS (If rural, give location) <u>EAST FRONT ST.</u> <u>0</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>JAMES</u> b. (Middle) <u>HUTCHSON</u> c. (Last) <u>SMOOT</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>DECEMBER 5 1954</u>		
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>never married</u>	8. DATE OF BIRTH <u>APRIL 2 1880</u>	9. AGE (in years last birthday) <u>74</u>	IF UNDER 1 YEAR <u>8</u> Months <u>3</u> Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>labour</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Welding</u>	11. BIRTHPLACE (State or foreign country) <u>MARYON COUNTY MISSOURI</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>

13a. FATHER'S NAME <u>THOMAS H. SMOOT</u>	13b. MOTHER'S MAIDEN NAME <u>ANNIE C. TAYLOR</u>	14. NAME OF HUSBAND OR WIFE
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME <u>J M Smoot</u> ADDRESS <u>Monroe City Mo</u>

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>Cerebral Hemorrhage</u>		
	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.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>331X</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)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	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 about 10 m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Russell M. Wilson, Coroner</u>	23b. ADDRESS <u>Monroe City Missouri</u>	23c. DATE SIGNED <u>12/9-54</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>12-10-1954</u>	24c. NAME OF CEMETERY OR CREMATORY <u>ST. JAMES CEMETERY</u>
24d. LOCATION (City, town, or county) (State) <u>MONROE CITY MO</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>WILSON &amp; SONS</u> ADDRESS <u>Monroe City Mo.</u>	
DATE REC'D BY LOCAL REG. <u>12-11-54</u>	REGISTRAR'S SIGNATURE <u>E. L. Robertson</u> <u>471</u>	

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

0690

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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 me

..... Student Embalmer No. ....

working under my personal supervision.

Student .....  
Student Embalmer

Signed Louis L. Nelson .....

Licensed Embalmer No. 3014 .....

P. O. Address Monroe City, 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.