

FILED FEB 7 - 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 293

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 99

1. PLACE OF DEATH a. COUNTY <u>Buchanan</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> COUNTY <u>Buchanan</u>	
b. CITY OR TOWN <u>St Joseph</u>		c. CITY OR TOWN <u>St Joseph</u>	
c. LENGTH OF STAY (In this place) <u>16 yrs 11 mo 18 days</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>State Hospital #2</u>		f. STREET ADDRESS (If rural, give location) <u>Green Acres, R.R. #3</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Elizabeth</u> b. (Middle) <u>Smith</u> c. (Last) <u>Smith</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Jan. 24, 1955</u>		
5. SEX <u>Female</u>		6. COLOR OR RACE <u>Caucasian</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widow</u>	
8. DATE OF BIRTH <u>Dec 1 - 1864</u>		9. AGE (In years last birthday) <u>90</u>		10. IF UNDER 1 YEAR Months <u>1</u> Days <u>23</u> Hours <u></u> Min. <u></u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House work</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <u>St Joseph Mo</u>	
12. CITIZEN OF WHAT COUNTRY? <u>America</u>		13a. FATHER'S NAME <u>Charles Lewis</u>		13b. MOTHER'S MAIDEN NAME <u>Hannah Tatten</u>	
14. NAME OF HUSBAND OR WIFE <u>Walter Smith Deceased</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>not given</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Buchanan County, Mo</u>		17. ADDRESS <u>St Joseph Mo</u>		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))	

18. CAUSE OF DEATH		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocarditis</u>		ANTECEDENT CAUSES		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		DUE TO (b) <u>arteriosclerosis</u>		20 yrs	
DUE TO (c) <u>Psychotic</u>		II. OTHER SIGNIFICANT CONDITIONS		63 yrs	
Conditions contributing to the death but not related to the disease or condition causing death.		19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	

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)		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 1-23, 1955, to 1-24, 1955, that I last saw the deceased alive on 1-23, 1955, and that death occurred at 12:00 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Robbison M.D.</u>		23b. ADDRESS <u>State Hospital #2</u>		23c. DATE SIGNED <u>1-24, 1955</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Jan. 26 - '55</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Oakland Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>St. Joseph Mo</u>		DATE REC'D BY LOCAL REG. <u>Jan 31, 1955</u>		REGISTRAR'S SIGNATURE <u>Ethel M. Allison</u>	

25. FUNERAL DIRECTOR'S SIGNATURE <u>Wm. H. Alexander</u>		ADDRESS <u>St. Joseph, Mo</u>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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 *Wm H Alexander*

Licensed Embalmer No. *4456*

P. O. Address *St Joseph*

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.