No. 300
10-48

FILED FEB 8 - 1955

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 1517

BIRTH NO. _____ REG. DIST. NO. 160 PRIMARY REG. DIST. NO. 5592 Registrar's No. 8

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

1. PLACE OF DEATH
a. COUNTY: Jefferson
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Joachim Township
c. LENGTH OF STAY (In this place): 2½ Mo.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Mt. Nursing Home 4

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Jeff.
c. CITY OR TOWN: De Soto
d. Is Residence within limits of a city or incorporated town? Yes ☑ No ☐
e. STREET ADDRESS (If rural, give location): 0502 0

3. NAME OF DECEASED (Type or Print)
a. (First): Florence
b. (Middle): L.
c. (Last): Smith

4. DATE OF DEATH (Month) (Day) (Year): Jan 27 1955

5. SEX: Male 0
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2
8. DATE OF BIRTH: May 22 ~~1869~~ 1873
9. AGE (In years last birthday): ~~82~~ 81 — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Carpenter
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and State or Foreign Country): Hillsboro, Mo. 0
12. CITIZEN OF WHAT COUNTRY?: U S A

13a. FATHER'S NAME: Thornton Smith
13b. MOTHER'S MAIDEN NAME: I. Hilterbrand
14. NAME OF HUSBAND OR WIFE: ~~Annie~~ Smith, Susie

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): Unknown
16. SOCIAL SECURITY NO.: Unknown
17. INFORMANT'S SIGNATURE OR NAME / ADDRESS: Mrs. Lee Hutchinson DeSota, Mo.

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

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Cardio Vascular Dis.
INTERVAL BETWEEN ONSET AND DEATH: Worse 5 days

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: 4221
20. AUTOPSY? YES ☐ NO ☑

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Nov. 20, 1954, *to* Jan. 21, 1955, *that I last saw the deceased alive on* Jan. 21, 1955, *and that death occurred at* 8:45 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): G. D. Darnell, M.D.
23b. ADDRESS: 112 Mississippi Crystal City, Mo.
23c. DATE SIGNED: 1-28-55

24a. BURIAL, CREMATION, REMOVAL (Specify): ~~Burial~~ Removal
24b. DATE: Jan 29-55
24c. NAME OF CEMETERY OR CREMATORY: Woodlawn Cemetery
24d. LOCATION (City, town, or county) (State): De Sota, Mo.

DATE REC'D BY LOCAL REG.: 1-29-55
REGISTRAR'S SIGNATURE: Jesse A. Rigdon 502 0
25. FUNERAL DIRECTOR'S SIGNATURE / ADDRESS: Don Dietrich De Sota, Mo.

(Licensed Embalmer's Statement on Reverse Side)

JEFFERSON COUNTY HEALTH DEPT.
HILLSBORO, MISSOURI

DATE RECEIVED

FEB 1 1955

APR 7 1955

APR 18 1955

APR - 1 1955

FEB 8 1955

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embal

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed James Richard Cady

Licensed Embalmer No. 4309

P. O. Address CRYSTAL C

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fai 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.