No. 300
10.48

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

FILED JAN 31 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 1770

BIRTH NO. _____ REG. DIST. NO. 209 PRIMARY REG. DIST. NO. 3043 Registrar's No. 19

1. PLACE OF DEATH
a. COUNTY: MARION
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): HANNIBAL
c. LENGTH OF STAY (In this place): 8 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): ST. ELIZABETH HOSPITAL

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI
b. COUNTY: RALLS
c. CITY OR TOWN: SALINE TOWNSHIP
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☒
e. STREET ADDRESS (If rural, give location): HUNTINGTON RFD. 0870 1

3. NAME OF DECEASED (Type or Print): a. (First) FREDRICK b. (Middle) WILHELM c. (Last) SMITH

4. DATE OF DEATH (Month) JANUARY (Day) 21 (Year) 1955

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married.

8. DATE OF BIRTH: JUNE 5th 1876

9. AGE (In years last birthday): 78 IF UNDER 1 YEAR: Months 7 Days 16 IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): FARMING (RET)

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (City and State or Foreign Country): RALLS COUNTY MISSOURI

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: JOHN SMITH.

13b. MOTHER'S MAIDEN NAME: CATHERINE LINDNER

14. NAME OF HUSBAND OR WIFE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: none

17. INFORMANT'S SIGNATURE OR NAME Fred Smith ADDRESS Huntington 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) Arteriosclerotic heart disease — INTERVAL BETWEEN ONSET AND DEATH: several years

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: none

19b. MAJOR FINDINGS OF OPERATION: —

4-2-00

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* Oct 6, 1955, *to* Jan 21, 1955, *that I last saw the deceased alive on* Jan 20, 1955, *and that death occurred at* 6 50 A.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Charles R. Johnson M.D

23b. ADDRESS: 211 No. Main - Monroe City, Mo.

23c. DATE SIGNED: Jan 22, 1955

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 1-23-1955

24c. NAME OF CEMETERY OR CREMATORY: WESTELY Cemetery

24d. LOCATION (City, town, or county) (State): Marion County Missouri

DATE REC'D BY LOCAL REG.: 1-24-55

REGISTRAR'S SIGNATURE: Dr. E.M. Lucke By W.C. Fisher

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: WILSON & SONS. MONROE CITY, MISSOURI

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED JAN 28 1955
MARION CO. HEALTH DEPT.
DATE FILED JAN 28 1955

OCT 8 1957

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 Leslie L. Wilson

Licensed Embalmer No. 3014

P. O. Address Monroe City

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.