

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

FILED JAN 17 1955

BIRTH NO. _____		REG. DIST. NO. <u>378</u>		PRIMARY REG. DIST. NO. <u>4552</u>		Registrar's No. <u>4</u>			
1. PLACE OF DEATH a. COUNTY <u>Wright</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Wright</u>					
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>mtn Grove</u>		c. LENGTH OF STAY (in this place)		c. CITY OR TOWN <u>mtn Grove</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION				e. STREET ADDRESS (If rural, give location) <u>600 S. Wall 1141</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>Della</u>			b. (Middle)		c. (Last) <u>Smith</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Jan 6 1955</u>		
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>July 10, 1872</u>		9. AGE (In years last birthday) <u>82</u> Months <u>5</u> Days <u>31</u> Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <u>Nebraska</u>			12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13a. FATHER'S NAME <u>James Henson</u>			13b. MOTHER'S MAIDEN NAME <u>Huffman</u>			14. NAME OF HUSBAND OR WIFE <u>George Smith</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>no</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mr. Buck Hiffin mtn Grove</u>					ADDRESS
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pulmonary Edema</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Bronchial Pneumonia</u> DUE TO (c) _____						INTERVAL BETWEEN ONSET AND DEATH <u>2 hrs.</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>Chronic Myocarditis</u>						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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) <u>491X</u>					
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 <u>Dec 12, 1954</u> , to <u>Jan 1, 1955</u> , that I last saw the deceased alive on <u>Jan 1, 1955</u> , and that death occurred at <u>2:45 p.m.</u> , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <u>Richard H. Mitchem DO</u>			23b. ADDRESS <u>mtn Grove, Mo</u>			23c. DATE SIGNED <u>1/4/55</u>			
24a. BURIAL, CREMATION REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>1-4-55</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Hillcrest</u>		24d. LOCATION (City, town or county) (State) <u>mtn Grove, Mo</u>			
DATE REC'D BY LOCAL REG. <u>1-8-55</u>		REGISTRAR'S SIGNATURE <u>A.B. Amer</u>		348-0		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Wright, Wmille mtn Grove Mo</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

WRIGHT CO. HEALTH DEPT.  
County File Number 155-7  
Date Filed 1-15-55

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 *Frank Heale*.....

Licensed Embalmer No. 4140

P. O. Address *Wm. Gro*.....

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.