

FILED MAR 7 1955

STANDARD CERTIFICATE OF DEATH

State File No. 7109

BIRTH NO. _____ REG. DIST. NO. 375 PRIMARY REG. DIST. NO. 6278 Registrar's No. 7

1. PLACE OF DEATH a. COUNTY Wright 0		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY Wright	
b. CITY (If outside corporate limits, write RURAL and give town or township) Rural-Bush Creek		c. CITY OR TOWN Hartville	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. LENGTH OF STAY (in this place) 5 yrs		e. STREET ADDRESS (If rural, give location) 3 m. NE of Hartville 1140	
d. FULL NAME OF HOSPITAL OR INSTITUTION home NE of Hartville			

3. NAME OF DECEASED (Type or Print) a. (First) Prier		b. (Middle) Lee		c. (Last) Smith		4. DATE OF DEATH (Month) (Day) (Year) Feb. 21 1955	
5. SEX Male 2	6. COLOR OR RACE colored	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED		8. DATE OF BIRTH 7-16-1880		9. AGE (In years last birthday) 74 IF UNDER 1 YEAR Months 7 IF UNDER 24 HRS. Days 5 Hours 1 Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) farmer		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) Tenn.		12. CITIZEN OF WHAT COUNTRY? USA	

13a. FATHER'S NAME James Smith		13b. MOTHER'S MAIDEN NAME Patterson		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) no		16. SOCIAL SECURITY NO. no		17. INFORMANT'S SIGNATURE OR NAME <i>Glenn H. Outh</i> ADDRESS <i>Hartsville Mo.</i>	
---	--	----------------------------	--	--	--

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 2 weeks
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Virus Infection of Intestinal Tract</i>		
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>With Pneumonia</i> 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	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)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	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 2-10-1955, to 2-21-1955, that I last saw the deceased alive on 2-20-1955, and that death occurred at 8:00 P.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <i>H. C. Worthy, D. O. 346</i>	23b. ADDRESS <i>Hartsville Mo.</i>	23c. DATE SIGNED <i>2-25-55</i>
---	------------------------------------	---------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <i>burial</i>	24b. DATE <i>Feb. 22, 1955</i>	24c. NAME OF CEMETERY OR CREMATORY <i>Hogue Cemetery</i>	24d. LOCATION (City, town, or county) (State) <i>Wright Co. Mo.</i>
---	--------------------------------	--	---

DATE REC'D BY LOCAL REG. <i>2/26/55</i>	REGISTRAR'S SIGNATURE <i>B. Garner</i>	25. FUNERAL DIRECTOR'S SIGNATURE <i>John S. Jones</i> ADDRESS <i>Hartsville Mo.</i>
---	--	---

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

County File Number
Date Filed 3-5-55

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.....
Licensed Embalmer No. 45
P. O. Address Springfield

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.