

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **7486**

FILED APR 4 1955

BIRTH NO. _____ REG. DIST. NO. 50 PRIMARY REG. DIST. NO. 4072 Registrar's No. 10

1. PLACE OF DEATH a. COUNTY <u>Candeur</u>		2. USUAL RESIDENCE (Where deceased lived. Institution: residence before admission.) a. <u>Missouri</u> b. COUNTY <u>Candeur</u> c. CITY OR TOWN <u>0150</u>	
b. CITY (If of the corporate limits, write RURAL and give township) <u>Linn Creek</u>		c. CITY OR TOWN <u>Linn Creek</u>	
c. LENGTH OF STAY (In this place) <u>6mo</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) <u>Don Home</u>		STREET ADDRESS (Rural, give location) <u>Gen Del</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Howard</u>	b. (Middle) <u>Bernard</u>	c. (Last) <u>Smithmier</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Mar 26-1955</u>
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5. SEX <u>male</u>	6. COLOR OR RACE <u>wh</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>Oct 30-1889</u>	9. AGE (In years last birthday) <u>65</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 14 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during life, even if retired) <u>Watchman</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Santa Fe RR</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>St Louis MO</u>	12. CITIZENSHIP OF WHAT COUNTRY <u>USA</u>
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13a. FATHER'S NAME <u>Henry B Smithmier</u>	13b. MOTHER'S MAIDEN NAME <u>Florence Huffman</u>	14. NAME OF HUSBAND OR WIFE <u>Georgia Farris</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>	16. SOCIAL SECURITY NO. <u>709-16-4203</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Dorothy Shipman</u>	ADDRESS <u>3001 Steele Road Kansas City, Kan</u>
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>Sudden</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial failure</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>due to old + new coronary occlusion - chronic</u> DUE TO (c) <u>Arterio Sclerosis chr</u>		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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>f201</u>
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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?
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22. I hereby certify that I attended the deceased from Mar 26, 1955, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 9:30 P.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Philo Bankson, M.D., Coroner, Candeur, MO</u>	23b. ADDRESS	23c. DATE SIGNED <u>3-28-55</u>
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24a. BURIAL CREMATION, REMOVAL (Specify) <u>Buried</u>	24b. DATE <u>Mar 30 1955</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Maple Hill</u>	24d. LOCATION (City, town, or county) (State) <u>Kansas City, Kansas</u>
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DATE REC'D BY LOCAL REG. <u>Mar 28-1955</u>	REGISTRAR'S SIGNATURE <u>Zilpha Trave</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Emmerson F. Jones</u>	ADDRESS <u>37th St Kansas City, Kan</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

F. 1225
1948

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 *Dorsey M. How*
Licensed Embalmer No. *42*

P. O. Address *Lebanon*

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.