

FILED MAR 21 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

BIRTH NO. _____ REG. DIST. NO. 178 PRIMARY REG. DIST. NO. 4284 Registrar's No. 19

560
49

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

1. PLACE OF DEATH a. COUNTY <u>Lewis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Bates</u>	
b. CITY (If outside corporate limits, write RURAL and give town) <u>La Belle</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Rich Hill</u> <u>0070</u>	
c. LENGTH OF STAY (in this place) <u>10 yrs.</u>		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION.			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>William</u>	b. (Middle) <u>Robert</u>	c. (Last) <u>Smith</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>March 10, 1955</u>
-------------------------------------	---------------------------	---------------------------	------------------------	--

5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>January 23, 1879</u>	9. AGE (In years) (Last birthday) <u>76</u>	10 UNDER 1 YEAR (Months) <u>1</u>	11 UNDER 1 YEAR (Days) <u>17</u>	12 UNDER 1 HR. (Hours) _____	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
--------------------	-------------------------------	---	--	---	-----------------------------------	----------------------------------	------------------------------	--

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired farmer.</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Bates County, Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
--	-----------------------------------	---	--

13a. FATHER'S NAME <u>Jasper Smith</u>	13b. MOTHER'S MAIDEN NAME <u>Caroline Bradley</u>	14. NAME OF HUSBAND OR WIFE <u>Minnie I. Smith</u>
--	---	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Robert Smith</u> ADDRESS <u>La Belle, Missouri</u>
--	-------------------------------	--

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.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>3 min.</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Occlusion</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Coronary Sclerosis</u> DUE TO (c) <u>Arteriosclerosis</u>		
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 <u>4201</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)
--	--	---

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 Jan 15, 1954 to Mar 10, 1955 that I last saw the deceased alive on Mar 7, 1955 and that death occurred at 10:20 a.m., from the causes and on the date stated above.

23a. SIGNATURE <u>Naldo B. Brown, M.D.</u> (Degree or title)	23b. ADDRESS <u>Knox City, Mo</u>	23c. DATE SIGNED <u>3/12/55</u>
--	-----------------------------------	---------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>3/12/1955</u>	24c. NAME OF CEMETERY OR CREMATORY <u>La Belle Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>La Belle, Missouri</u>
---	----------------------------	---	---

DATE REC'D BY LOCAL REG. <u>3-16-55</u>	REGISTRAR'S SIGNATURE <u>P. W. Jennings, M.D.</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Bladen J. LaBelle, Mo</u> ADDRESS _____
---	---	---

E. L.

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 Meyer

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed

J. Loder Jr.

Licensed Embalmer No. 4328

P. O. Address Seville, Mo.

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 this body is not embalmed, fact should be so stated above.