

FILED MAR 18 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **8880**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **218** PRIMARY REG. DIST. NO. **4330** Registrar's No. **5**

1. PLACE OF DEATH a. COUNTY <b>Mississippi</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b>	
b. CITY OR TOWN <b>East Prairie</b>		b. COUNTY <b>Miss 0671</b>	
c. LENGTH OF STAY (In this place) <b>50 yrs</b>		c. CITY OR TOWN <b>East Prairie</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Home, East Prairie</b>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
f. STREET ADDRESS <b>none</b>		(If rural, give location)	

3. NAME OF DECEASED (Type or Print)	a. (First) <b>MOLLIE</b>	b. (Middle) <del>SMITH</del>	c. (Last) <b>SMITH</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>Mar. 14 1955</b>
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5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>married</b>	8. DATE OF BIRTH <b>Mar. 16, 1883</b>	9. AGE (In years last birthday) <b>72</b>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Domestic</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>none</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Evansville, Indiana U.S.A.</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
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13a. FATHER'S NAME <b>Sam Mc Clain</b>	13b. MOTHER'S MAIDEN NAME <b>Addie Snellon</b>	14. NAME OF HUSBAND OR WIFE <b>Sam Smith</b>
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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) <b>no</b>	16. SOCIAL SECURITY NO. <b>none</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Sam Smith</b>	ADDRESS <b>East Prairie</b>
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <b>many years</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Diabetes &amp; Arterio Sclerosis</b>		
	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	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? <b>260X</b> YES <input type="checkbox"/> NO <input 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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute)	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 10, 1955** to **Mar 14, 1955** that I last saw the deceased alive on **Mar 14, 1955**, and that death occurred at \_\_\_\_\_ m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>J. P. Martin M.D.</b>	23b. ADDRESS <b>East Prairie, Mo.</b>	23c. DATE SIGNED <b>3-16-55</b>
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24. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>	24b. DATE <b>3-15-55</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Dogwood</b>	24d. LOCATION (City, town, or county) (State) <b>Mississippi Co. Mo.</b>
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DATE REC'D BY LOCAL REG. <b>3-16-55</b>	REGISTRAR'S SIGNATURE <b>Trtrude L. Harper</b>	197-0	25. FUNERAL DIRECTOR'S SIGNATURE <b>W. H. Thulby</b>	ADDRESS <b>East Prairie</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

MAR 21 1955

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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.....  
*David Shelby*

Licensed Embalmer No. *27*

P. O. Address *East Br...*

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.