

FILED APR 18 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

5506 State File No. **11681**

BIRTH NO. _____ REG. DIST. NO. **137** PRIMARY REG. DIST. NO. **2-23** Registrar's No. **38**

1. PLACE OF DEATH a. COUNTY HENRY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MO b. COUNTY HENRY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Clinton	c. LENGTH OF STAY (in this place) 20 years	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Clinton	
d. FULL NAME OF HOSPITAL OR INSTITUTION RR # 3		d. STREET ADDRESS (If rural, give location) RR # 3	

3. NAME OF DECEASED (Type or Print) GENEVIEVE SHIDELER SMITH	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) APRIL 11, 1955
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5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH 5/23/1869	9. AGE (in years last birthday) 85 Months 11	IF UNDER 1 YEAR 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) HOUSE WORK	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) Iowa	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME MARION SHIDELER	13b. MOTHER'S MAIDEN NAME JANE BURLEY	14. NAME OF HUSBAND OR WIFE CHARLES F.
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME Geraldine Smith ADDRESS Clinton
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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 2 hr 3 hr
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Embolism		
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Asperteration 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, 1001	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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	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 **4-11, 1955**, to **4-11, 1955**, that I last saw the deceased alive on **4-11, 1955**, and that death occurred at **4 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE [Signature] (Degree or title) MD	23b. ADDRESS Clinton, Mo	23c. DATE SIGNED 4-12-55
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 4/13/1955	24c. NAME OF CEMETERY OR CREMATORY Wash Cem	24d. LOCATION (City, town, or county) (State) Wash Mo
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DATE REC'D BY LOCAL REG. April-11-55	REGISTRAR'S SIGNATURE Florence Adair	25. FUNERAL DIRECTOR'S SIGNATURE J E Consolator ADDRESS Clinton Mo
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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
Student Embalmer

Signed J E Compton

Licensed Embalmer No. 1891

P. O. Address Clinton 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.