

FILED JUN 10 1955

STANDARD CERTIFICATE OF DEATH

State File No. 16297

BIRTH NO. _____		REG. DIST. NO. <u>273</u>		PRIMARY REG. DIST. NO. <u>6004</u>		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY <u>Ralls</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Shelby</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Saverton Lake</u>		c. LENGTH OF STAY (in this place)		c. CITY OR TOWN <u>Shelbyville</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Found U.S. Lock # 22</u>				e. STREET ADDRESS (If rural, give location) <u>1022</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>Etta Lois Smith</u>		b. (Middle)		c. (Last)	
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>February 14, 1918</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY		9. AGE (In years last birthday) <u>37</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Shelby County Missouri</u>	
13a. FATHER'S NAME <u>C. E. Swisher</u>		13b. MOTHER'S MAIDEN NAME <u>Marv Crabtree</u>		14. NAME OF HUSBAND OR WIFE <u>Raymond Smith Shelbyville Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U S A</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Raymond Smith Shelbyville Missouri</u> ADDRESS			
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. I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Found May 22, 1955</u> ANTECEDENT CAUSES DUE TO (b) <u>Drowned in Mississippi river.</u> DUE TO (c) <u>Unknown.</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 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>				MEDICAL CERTIFICATION INTERVAL BETWEEN ONSET AND DEATH			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Suicide</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Mississippi river</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Ralls County Mo where found</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>May 15, 1955</u> m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Jumped in Mississippi river</u>			
22: I hereby certify that I attended the deceased from <u>No Medical attention</u> , 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.							
23a. SIGNATURE <u>Oliver C. Wiley</u> (Degree or title) <u>Coroner of Ralls Co., Mo.</u>				23b. ADDRESS <u>Perry, Mo.</u>		23c. DATE SIGNED <u>5-23-1955</u>	
24a. BURIAL, CREMATION (REMOVAL) (Specify) <u>Burial</u>		24b. DATE <u>May 24, 1955</u>		24c. NAME OF CEMETERY OR CREMATORY <u>I O O F Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Shelbyville Missouri</u>	
DATE REC'D BY LOCAL REG. <u>5-23-1955</u>		REGISTRAR'S SIGNATURE <u>Grace Conn 470</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>H. Crawford Smith</u> ADDRESS			

(Licensed Embalmer's Statement on Reverse Side)

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CERTIFICATE

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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 e
by me, or by This body was not embalmed Student Embalmer No.....
hermatically sealed by inner lining in casket
working under my personal supervision:.

Student.....
Signature of Student Embalmer

Signed *H. Crawford Smith*.....

Licensed Embalmer No.....

P. O. Address Hannibal, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.
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.