THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

18032

State File No. 28

FILED JUL 11 1955

BIRTH NO. _____ REG. DIST. NO. 70 PRIMARY REG. DIST. NO. 5275 Registrar's No. 28

1. PLACE OF DEATH
a. COUNTY: Clark
b. CITY OR TOWN: Des Moines Twp. (If outside corporate limits, write RURAL and give township)
c. LENGTH OF STAY (in this place): 5 Years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): _____

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Clark
c. CITY OR TOWN: Rural
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☐
e. STREET ADDRESS (If rural, give location): Des Moines Twp 0230 0

3. NAME OF DECEASED (Type or Print)
a. (First): Edgar
b. (Middle): Francis
c. (Last): Smith

4. DATE OF DEATH (Month) (Day) (Year): 6-30-55

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: 2-15-1871
9. AGE (In years last birthday): 84
IF UNDER 1 YEAR: Months ____ Days ____
IF UNDER 24 HRS.: Hours ____ Min. ____

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Farmer
10b. KIND OF BUSINESS OR INDUSTRY: ✓
11. BIRTHPLACE (City and State or Foreign Country): Clark Co. Missouri
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Robert Smith
13b. MOTHER'S MAIDEN NAME: Mary Norris
14. NAME OF HUSBAND OR WIFE: Lena M. Moffett

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service): ✓
16. SOCIAL SECURITY NO.: ✓
17. INFORMANT'S SIGNATURE OR NAME: Edna Mae Wayland
ADDRESS: Alexandria Mo.

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

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) CEREBRAL HEMORRHAGE.

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.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: 331X
20. AUTOPSY? YES ☐ NO ☐

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 6-22, 1955, *to* 6-30, 1955, *that I last saw the deceased alive on* 6-30, 1955, *and that death occurred at* 5:45 A m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): S. H. Channing D.O.
23b. ADDRESS: Kahoka Mo.
23c. DATE SIGNED: 6-30-55

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 7-2-55
24c. NAME OF CEMETERY OR CREMATORY: Kahoka Cemetery
24d. LOCATION (City, town, or county) (State): Kahoka Clark Mo.

DATE REC'D BY LOCAL REG.: 7/9-55
REGISTRAR'S SIGNATURE: J. R. Bridges M.D.
25. FUNERAL DIRECTOR'S SIGNATURE: Fred J. Karle
ADDRESS: _____

(Licensed Embalmer's Statement on Reverse Side)

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 emb

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Fred J Karle

Licensed Embalmer No 1.0.2

P. O. Address Kahoka

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