

FILED JUN 27 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

5494

State File No.

18424

BIRTH NO. _____ REG. DIST. NO. 134-5494 PRIMARY REG. DIST. NO. 134 Registrar's No. 6

1. PLACE OF DEATH a. COUNTY <u>Harrison</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before institution). a. STATE <u>Mo</u> b. COUNTY <u>Harrison</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Rural Madison</u>	c. LENGTH OF STAY (In this place) <u>9 wks.</u>	c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural Madison 4th</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>4 miles E. Ridgeway</u>		d. STREET ADDRESS (If rural, give location) <u>4 mi. E. Ridgeway Mo</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Lynus</u> b. (Middle) <u>Dalton</u> c. (Last) <u>Smith</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>May-26-55</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>	8. DATE OF BIRTH <u>04-13-1871</u>	9. AGE (In years last birthday) <u>83</u> IF UNDER 1 YEAR Months <u>7</u> Days <u>13</u> IF UNDER 24 HRS. Hours <u>13</u> Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired James</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Retired</u>	11. BIRTHPLACE (State or foreign country) <u>Logansport, Ind.</u>	12. CITIZEN OF WHAT COUNTRY <u>U.S.</u>
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13a. FATHER'S NAME <u>William H. Smith</u>	13b. MOTHER'S MAIDEN NAME <u>Mellisa Bowman</u>	14. NAME OF HUSBAND OR WIFE <u>Melvin B. Smith Deceased</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If service was or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>No</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Merrill Grant</u>	ADDRESS <u>Ridgeway, Mo.</u>
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>2 1/2 years</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral hemorrhage</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis</u> DUE TO (c) <u>331X</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION <input checked="" type="checkbox"/>	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <input checked="" type="checkbox"/>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <input checked="" type="checkbox"/>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <input checked="" type="checkbox"/>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) <input checked="" type="checkbox"/>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <input checked="" type="checkbox"/>
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22. I hereby certify that I attended the deceased from Mar. 26, 1954, to May 26, 1955, that I last saw the deceased alive on May 26, 1955, and that death occurred at 5:30 Pm., from the causes and on the date stated above.

23a. SIGNATURE <u>Louis Brown M.D.</u>	(Degree or title)	23b. ADDRESS <u>Ridgeway, Mo</u>	23c. DATE SIGNED <u>May 27-55</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>5-29-55</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Yankee Ridge</u>	24d. LOCATION (City, town, or county) (State) <u>2 mi. E. Ridgeway Mo</u>
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DATE REC'D BY LOCAL REG. <u>6-15-1955</u>	REGISTRAR'S SIGNATURE <u>S. Pha. Shaw</u>	117	25. FUNERAL DIRECTOR'S SIGNATURE <u>C. R. Rogers</u>	ADDRESS <u>Ridgeway, Mo</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

p. 300
p. 48

MAY 21 1956

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 Robert H. Rogers

Licensed Embalmer No. 9576

P. O. Address Ridgeway 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.