No. 300
10.48

FILED JUN 23 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 19676

BIRTH NO. _____ REG. DIST. NO. 282 PRIMARY REG. DIST. NO 5977 Registrar's No. 73

1. PLACE OF DEATH
a. COUNTY Polk
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Aldrich
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) RR #1

2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission).
a. STATE Missouri b. COUNTY Polk
c. CITY OR TOWN Aldrich
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☒
e. STREET ADDRESS (If rural, give location) RR #1 0848

3. NAME OF DECEASED (Type or Print) a. (First) JULIA b. (Middle) ANN c. (Last) SMITH

4. DATE OF DEATH (Month) (Day) (Year) MAY 29-1955

5. SEX Female 6. COLOR OR RACE white 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married 8. DATE OF BIRTH Sept 25, 1874 9. AGE (In years last birthday) 80 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) Housewife 10b. KIND OF BUSINESS OR INDUSTRY Home 11. BIRTHPLACE (City and State or Foreign Country) Walnut Grove - Mo 12. CITIZEN OF WHAT COUNTRY? U.S.A

13a. FATHER'S NAME George Claypool 13b. MOTHER'S MAIDEN NAME Mary Harper 14. NAME OF HUSBAND OR WIFE Floyd Smith

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. none 17. INFORMANT'S SIGNATURE OR NAME Floyd Smith - Aldrich, Mo. 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Congestive Heart Failure

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Following Influenza attack, atypical Virus Pneumonia
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Bronchiectasis, Chronic, Hernia Left Inguinal Direct

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 480X 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* 5/4/, 1954, *to* May 20, 1955, *that I last saw the deceased alive on* May 20, 1955, *and that death occurred at* 8:00 P *m., from the causes and on the date stated above.*

23a. SIGNATURE G. D. Smith M.D. (Degree or title) 23b. ADDRESS Bolivar Mo 23c. DATE SIGNED June 15 55

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 24b. DATE May 31-1955 24c. NAME OF CEMETERY OR CREMATORY Turkey Creek Cemetery 24d. LOCATION (City, town, or county) Walnut Grove - Mo. (State)

DATE REC'D BY LOCAL REG. June 20, 1955 REGISTRAR'S SIGNATURE Ralph Gordon per Jewell Gordon 25870 25. FUNERAL DIRECTOR'S SIGNATURE Brian - Daniel ADDRESS Walnut Grove - Mo

(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 emba

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

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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