

FILED JUN 22 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 20415
4948

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY SANIT LOUIS-(CITY)		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE OKLAHOMA b. COUNTY MUSKOGEE	
b. CITY (If outside corporate limits, write RURAL and give town) St. Louis		c. CITY (If outside corporate limits, write RURAL and give township) MUSKOGEE -	
c. LENGTH OF STAY (in this place) 46 DAYS		d. STREET ADDRESS (If rural, give location) 601 SPALDING	
d. FULL NAME OF HOSPITAL OR INSTITUTION FRISCO EMPLOYEES HOSPITAL			

3. NAME OF DECEASED a. (First) WILLIAM	b. (Middle) R	c. (Last) SMITH	4. DATE OF DEATH (Month) JUNE (Day) 4 (Year) 1955
--	----------------------	------------------------	---

5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH AUGUST 2, 1893	9. AGE (in years last birthday) 61	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) SECTION FOREMAN FRISCO P.R. CO	10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (State or foreign country) OKLAHOMA	12. CITIZEN OF WHAT COUNTRY? UNITED STATES
---	---	---	---

13a. FATHER'S NAME FRANK M SMITH	13b. MOTHER'S MAIDEN NAME NANCY ANN LEAKE	14. NAME OF HUSBAND OR WIFE LEE LECTIE
---	--	---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO	16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME Sherman B Smith	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.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) POSTERIOR CORONARY INFARCTION		
	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 EMBOLI - BOTH LUNGS Conditions contributing to the death but not related to the disease or condition causing death. EMBOLI AND THROMBI OF BIFURCATION OF AORTA			

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION AND BOTH COMMON ILIAC ARTERIES 3) CA OF STOMACH	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
------------------------------	---	---

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 <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? 4201

22. I hereby certify that I attended the deceased from **4-19-55**, to **JUNE 4TH 54**, that I last saw the deceased alive on **6-4-1955**, and that death occurred at **3:30 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE [Signature]	(Degree or title) M.D.	23b. ADDRESS FRISCO EMPLOYEES HOSPITAL ST LOUIS MISSOURI	23c. DATE SIGNED 1955
-----------------------------------	-------------------------------	---	------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) removal	24b. DATE 6-5-55	24c. NAME OF CEMETERY OR CREMATORY _____	24d. LOCATION (City, town, or county) _____ (State) _____ Muskogee Okla
--	-------------------------	--	--

DATE REC'D BY LOCAL REG. JUN 6 1955	REGISTRAR'S SIGNATURE [Signature]	25. FUNERAL DIRECTOR'S SIGNATURE Albert H. Hoppe	ADDRESS 4700 Washington
--	--	---	--------------------------------

(Licensed Embalmer's Statement on Reverse Side)

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

JUN 28 1955

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.....

.....
working under my personal supervision.

Student Embalmer No.

Student
Student Embalmer

Signed *John J. Harris*.....
Licensed Embalmer No. *4108*.....

P. O. Address *St Louis, 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.