

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **20846**

No. 300
10.48

FILED JUN 21 1955

BIRTH NO. _____ REG. DIST. NO. **349** PRIMARY REG. DIST. NO. **4514** Registrar's No. **19**

1. PLACE OF DEATH a. COUNTY Sullivan		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Sullivan	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Green City		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Green City 1050	
c. LENGTH OF STAY (in this place) 20 yrs.		d. STREET ADDRESS (If rural, give location) No street address	
d. FULL NAME OF HOSPITAL OR INSTITUTION Home in Green City			

3. NAME OF DECEASED (Type or Print) a. (First) Roy b. (Middle) Lebeous c. (Last) Smith			4. DATE OF DEATH (Month) (Day) (Year) June 13 1955		
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
8. DATE OF BIRTH Jan. 23, 1883		9. AGE (In years last birthday) 72		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) Farmer		10b. KIND OF BUSINESS OR INDUSTRY General farming		11. BIRTHPLACE (State or foreign country) Missouri	
12. CITIZEN OF WHAT COUNTRY? USA					

13a. FATHER'S NAME James William Smith		13b. MOTHER'S MAIDEN NAME Emma Dilliner		14. NAME OF HUSBAND OR WIFE Roxie Smith	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. 358-03-7106		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Roxie Smith, Green City, Mo.	
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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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage.				INTERVAL BETWEEN ONSET AND DEATH 1 hour	
		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.					

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION: 331X				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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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?	

22. I hereby certify that I attended the deceased from **3/20, 1947**, to **6/13, 1955**, that I last saw the deceased alive on **6/13, 1955**, and that death occurred at **5:10 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE Roxie Smith (Degree or title) D.O.T.		23b. ADDRESS Green City, Mo.		23c. DATE SIGNED 6/16/55	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE June 17, 1955		24c. NAME OF CEMETERY OR CREMATORY Mt. Olivet Cemetery		24d. LOCATION (City, town, or county) (State) Green City, Mo.	
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DATE REC'D BY LOCAL REG. 6-18-55		REGISTRAR'S SIGNATURE Agnes L. Page 504		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Glenn E. Kent & Son, Green City, Mo.	
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(Licensed Embalmer's Statement on Reverse Side)

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

JUN 27 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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed

Karl R. Lent

Licensed Embalmer No.

4689

P. O. Address

Green City, 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.