

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

21019

State File No.

FILED JUL 27 1955

BIRTH NO. _____ REG. DIST. NO. 11 PRIMARY REG. DIST. NO. 4024 Registrar's No. 52

1. PLACE OF DEATH a. COUNTY Barry		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri		b. COUNTY Barry 0050	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Cassville /		c. LENGTH OF STAY (in this place) 10 yr		c. CITY OR TOWN Cassville	
d. FULL NAME OF HOSPITAL OR INSTITUTION					
e. STREET ADDRESS (If rural, give location)					

3. NAME OF DECEASED (Type or Print)	a. (First) JOEL	b. (Middle) OWNES	c. (Last) SMITH	4. DATE OF DEATH (Month) (Day) (Year) July 9, 1955
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5. SEX male ♂	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH April 15, 1888	9. AGE (In years last birthday) IF UNDER 1 YEAR Days IF UNDER 24 HRS. Hours Min. 67
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) farming	10b. KIND OF BUSINESS OR INDUSTRY farm	11. BIRTHPLACE (City and State or Foreign Country) Cato, Missouri 0	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Lewis Smith	13b. MOTHER'S MAIDEN NAME Drusilla Perryman	14. NAME OF HUSBAND OR WIFE Lena Towe Smith
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) yes WWI	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Lena Smith-Cassville, Missouri
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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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Embolus		11 1/2 hours
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Coronary Embolus DUE TO (c) Essential Hypertension & Coronary Heart Disease		12 - 10 years 10 ✓
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION H201	20. AUTOPSY? YES <input 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?

22. I hereby certify that I attended the deceased from Feb 21, 1955, to July 9, 1955, that I last saw the deceased alive on July 9, 1955, and that death occurred at 9:30 P. m., from the causes and on the date stated above.

23a. SIGNATURE M. McDonald, M.D. & Cassville, Mo	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED 7-13-55
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 7-12, 1955	24c. NAME OF CEMETERY OR CREMATORY Oak Ridge Cemetery	24d. LOCATION (City, town, or county) (State) Oak Ridge, Missouri
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DATE REC'D BY LOCAL REG. 7-18-55	REGISTRAR'S SIGNATURE Mary McDonald, deputy	10-0	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Paul D. Hubert Cassville, Mo
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(Licensed Embalmer's Statement on Reverse Side)

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

BARRY COUNTY HEALTH UNIT
CASSVILLE, MO.

NO. 755-294

DATE REC. 7-23-55

JUL 28 1955

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 Paul D. Herbert

Licensed Embalmer No. 45

P. O. Address Cassville

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.