

FILED JUL 19 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

25087  
State File No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 360 PRIMARY REG. DIST. NO. 3076 Registrar's No. 108

1. PLACE OF DEATH a. COUNTY Vernon		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri		b. COUNTY Vernon	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Nevada		c. LENGTH OF STAY (in this place) 7 years		c. CITY OR TOWN Nevada	
d. FULL NAME OF HOSPITAL OR INSTITUTION Nevada Hospital		e. STREET ADDRESS (If rural, give location) 1312 North Washington 10870			

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) Earl	b. (Middle) M.	c. (Last) Smith	(Month) July	(Day) 2	(Year) 1955
5. SEX M	6. COLOR OR RACE Wh	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH November 10, 1885	9. AGE (In years last birthday) 69	10. IF UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming		10b. KIND OF BUSINESS OR INDUSTRY Retired		11. BIRTHPLACE (City and State or Foreign Country) Roscoe Missouri	
12. CITIZEN OF WHAT COUNTRY? U.S.A.					

13a. FATHER'S NAME Jake Smith	13b. MOTHER'S MAIDEN NAME Maggie	14. NAME OF HUSBAND OR WIFE Mamie Smith
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME Leroy Smith	ADDRESS 1034 N. Cedar Nevada, 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, asthenia, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Bleeding Peptic Ulcer</i>		INTERVAL BETWEEN ONSET AND DEATH 4 days
	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. <i>Hypertensive Arteriosclerotic Heart Disease</i>		

19a. DATE OF OPERATION	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)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR
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22. I hereby certify that I attended the deceased from 6/29 1955, to 7/2 1955, that I last saw the deceased alive on 7/1 1955, and that death occurred at 2:30 a. m., from the causes and on the date stated above.

23a. SIGNATURE <i>R. L. Morris</i>	(Degree or title)	23b. ADDRESS Nevada, Mo.	23c. DATE SIGNED 7/6/55
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE July 5, 1955	24c. NAME OF CEMETERY OR CREMATORY Newton Burial Park	24d. LOCATION (City, town, or county) (State) Nevada Missouri
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DATE REC'D BY LOCAL REG. 7-15-1955	REGISTRAR'S SIGNATURE <i>Anna E. Ferry</i>	25. FUNERAL DIRECTOR'S SIGNATURE Ferry Funeral Home	ADDRESS Nevada, Mo.
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(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 embalmed by me, or by ....., Student Embalmer No..... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed *L Douglas Ferry*.....

Licensed Embalmer No...496

P. O. Address..... Nevada,

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.