

FILED AUG 30 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

25502

State File No.

BIRTH NO. _____ REG. DIST. NO. 47 PRIMARY REG. DIST. NO. 3008 Registrar's No. 224

1. PLACE OF DEATH a. COUNTY <u>CALLAWAY</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>PERMISCOT</u>	
b. CITY OR TOWN <u>FULTON</u>		c. CITY OR TOWN <u>HAYTI</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. LENGTH OF STAY (in this place) <u>5 yr. 7 mo</u>		e. STREET ADDRESS (If rural, give location) <u>R#1 0781</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>STATE HOSPITAL #1</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Leslie</u>	b. (Middle)	c. (Last) <u>SMITH</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>August 19, 1955</u>
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5. SEX <u>M</u>	6. COLOR OR RACE <u>NEGRO</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>SEPT. 23, 1884</u>	9. AGE (In years last birthday) <u>70</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARM LABORER</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>FARM</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>MISSISSIPPI</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>RICHARD SMITH</u>	13b. MOTHER'S MAIDEN NAME _____	14. NAME OF HUSBAND OR WIFE <u>Rosie</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>N.K.</u> (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME <u>HOSPITAL RECORDS</u> ADDRESS <u>FULTON</u>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH _____
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>BRONCHIAL PNEUMONIA</u>		
	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 <u>491X.</u>	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 checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? _____
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22. I hereby certify that I attended the deceased from Jan 1, 1955, to Aug 19, 1955, that I last saw the deceased alive on Aug 17, 1955, and that death occurred at 6:32 P.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>E. C. Kepler, M. D. by Honor</u>	23b. ADDRESS <u>ST. HOSP. TAL #1</u>	23c. DATE SIGNED <u>Aug 19, 1955</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>8-23-55</u>	24c. NAME OF CEMETERY OR CREMATORY <u>State Hosp no 1.</u>	24d. LOCATION (City, town, or county) (State) <u>Fulton, Mo</u>
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DATE REC'D BY LOCAL REG. <u>Aug 24-1955</u>	REGISTRAR'S SIGNATURE <u>Margaret Lawrence</u>	426	25. FUNERAL DIRECTOR'S SIGNATURE <u>C.C. Weeks</u> ADDRESS <u>Fulton, Mo</u>
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WRITE PLAINLY—USING UNFAADING 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.....

Licensed Embalmer No.....

P. O. Address.....

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.