

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

25959

State File No.

FILED AUG 22 1955

BIRTH NO. _____ REG. DIST. NO. 141 PRIMARY REG. DIST. NO. 3085 Registrar's No. 57

1. PLACE OF DEATH a. COUNTY <u>Howe</u>		2. USUAL RESIDENCE (Where deceased lived. — If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Howe</u>	
b. CITY OR TOWN <u>West Plains</u>	c. LENGTH OF STAY (In this place) <u>50yrs</u>	c. CITY OR TOWN <u>West Plains</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION _____		e. STREET ADDRESS <u>613 Woodland</u> ^{46/0}	

3. NAME OF DECEASED (Type or Print) a. (First) <u>John</u> b. (Middle) <u>Bauman</u> c. (Last) <u>Smith</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>7-22-55</u>	
5. SEX <u>male</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>M</u>	8. DATE OF BIRTH <u>11-8-1890</u>
9. AGE (In years last birthday) <u>64</u> 8 1/4		10. KIND OF BUSINESS OR INDUSTRY <u>Blasman</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Howe Co., Mo.</u>
12a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	

13a. FATHER'S NAME <u>John Smith</u>	13b. MOTHER'S MAIDEN NAME <u>Mary Bauman</u>	14. NAME OF HUSBAND OR WIFE <u>Mary E. Smith</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service) <input checked="" type="checkbox"/>	16. SOCIAL SECURITY NO. <u>379</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Reginald Smith</u> ADDRESS <u>West Plains Mo</u>

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 <u>60 days</u>
	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Senile Dementia</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <u>Chronic Myocarditis</u> <u>Paralysis Cerebralis</u>		
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>304X</u>			

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) _____	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 10 May, 1955 to 22 July, 1955, that I last saw the deceased alive on 21 July, 1955, and that death occurred at 3:30 m., from the causes and on the date stated above.

22a. SIGNATURE <u>[Signature]</u>	22b. ADDRESS <u>West Plains, Mo</u>	23c. DATE SIGNED <u>27/7/55</u>
24a. BURIAL, CREMATION, REPOSAL (Specify) _____	24b. GRAVE <u>7-23-55</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Drapping Bros</u>
24d. LOCATION (City, town, or county) (State) <u>West Plains Mo</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u> ADDRESS <u>West Plains Mo</u>	
DATE REC'D BY LOCAL REG. <u>8-15-55</u>	REGISTRAR'S SIGNATURE <u>[Signature]</u>	

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 *A. A. Roberts*

Licensed Embalmer No. *346*
P. O. Address *Wesley*

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.