

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

26686

State File No. ....

FILED AUG 23 1955

BIRTH NO. _____		REG. DIST. NO. <u>156</u>		PRIMARY REG. DIST. NO. <u>2001</u>		Registrar's No. <u>334</u>	
1. PLACE OF DEATH a. COUNTY <b>JASPER</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>KANSAS</b> b. COUNTY <b>LABETTE</b>			
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <b>JOPLIN</b> )		c. LENGTH OF STAY (In this place) <b>1 DAY</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>CHETOPA</b>		8150	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>FREEMAN HOSPITAL</b>				d. STREET ADDRESS (If rural, give location)			
3. NAME OF DECEASED (Type or Print) a. (First) <b>FLOYD</b>		b. (Middle)		c. (Last) <b>SMITH</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>AUG. 2, 1955</b>	
5. SEX <b>M</b>		6. COLOR OR RACE <b>W</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>		8. DATE OF BIRTH <b>JUNE 5, 1900</b>	
9. AGE (In years last birthday) <b>55</b>		IF UNDER 1 YEAR Months		IF UNDER 1 YEAR Days		IF UNDER 1 YEAR Hours	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>CITY LIGHT DEPT.</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>CITY</b>		11. BIRTHPLACE (State or foreign country) <b>FORT SCOTT, KANSAS</b>		12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>	
13a. FATHER'S NAME <b>DAVID SMITH</b>		13b. MOTHER'S MAIDEN NAME <b>NORA BROWN</b>		14. NAME OF HUSBAND OR WIFE <b>MRS. GARNETT SMITH</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>UNK</b> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME <b>MRS. GARNETT SMITH, CHETOPA, KANSAS</b>		ADDRESS	
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) <b>Myocardial Infarction, Superior Mesenteric artery</b> ANTECEDENT CAUSES <b>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</b> DUE TO (b) <b>Arteriosclerosis</b> DUE TO (c) <b>Arteriosclerosis</b>				INTERVAL BETWEEN ONSET AND DEATH <b>24 hrs</b> <b>2 weeks</b>	
19a. DATE OF OPERATION <b>L</b>		19b. MAJOR FINDINGS OF OPERATION <b>None.</b>		20. AUTOPSY? YES <input checked="" 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)		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 <b>8-1</b> , 19 <b>55</b> , to <b>8-2</b> , 19 <b>55</b> , that I last saw the deceased alive on <b>8-2</b> , 19 <b>55</b> , and that death occurred at <b>5:10 P.M.</b> , from the causes and on the date stated above.							
23a. SIGNATURE <b>Walter M.D.</b> (Degree or title)				23b. ADDRESS <b>Trisworldy, Joplin Mo.</b>		23c. DATE SIGNED <b>8-11-55</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <b>8-2-55</b>		24c. NAME OF CEMETERY OR CREMATORY		24d. LOCATION (City, town, or county) (State) <b>CHETOPA, KANSAS</b>	
DATE REC'D BY LOCAL REG. <b>8-15-55</b>		REGISTRAR'S SIGNATURE <b>James 138</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>MILLER FUNERAL HOME, CHETOPA, KAN.</b>			

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

County File Number  
Date Filed **AUG 22 1955**

LABETTE KANSAS JASPER  
 CHESTNA I DAY JOLIEN  
 FREEMAN HOSPITAL  
 JUNE 2, 1900 SMITH FLOYD  
 MARRIED Y M  
 CITY LIGHT DEPT. CITY  
 MRS. GARNETT SMITH, CHESTNA, KANSAS FORT SCOTT, KANSAS U.S.A.  
 MRS. GARNETT SMITH, CHESTNA, KANSAS NORA BROWN DAVID SMITH  
 UNK

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

working under my personal supervision.

Student Embalmer No.....

Signed *F. M. Jones*

Signed.....  
Student Embalmer

Licensed Embalmer No. *2319*

P. O. Address *Joplin Mo*

2109

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.

22-5-0

REMOVAL

FILED IN BUREAU OF HEALTH, CHESTNA, KANSAS