

FILED AUG 30 1955

STANDARD CERTIFICATE OF DEATH

State File No. 27381

BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 3061 Registrar's No. 245

1. PLACE OF DEATH a. COUNTY St. Francois		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before death) a. STATE Missouri b. COUNTY St. Francois	
b. CITY (If outside corporate limits, write RURAL and give township) Flat River		c. CITY OR TOWN Desloge	d. 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 Cunningham Nursing Home		e. STREET ADDRESS (If rural, give location) 202 Monroe Street	

3. NAME OF DECEASED (Type or Print) a. (First) Martha b. (Middle) Ellen c. (Last) Smith			4. DATE OF DEATH (Month) (Day) (Year) Aug. 17 1955		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH May 16, 1876		9. AGE (In years last birthday) Months Days 79 3 1
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House wife		10b. KIND OF BUSINESS OR INDUSTRY -----	11. BIRTHPLACE (City and State or Foreign Country) St. Francois Co., Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.

13a. FATHER'S NAME Berry Synder		13b. MOTHER'S MAIDEN NAME Malissa Cook		14. NAME OF HUSBAND OR WIFE Ervin Wesley Smith	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Ervin Smith Cantwell, Mo.	

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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma gall. bladder		INTERVAL BETWEEN ONSET AND DEATH week
	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 Aug 11 1955	19b. MAJOR FINDINGS OF OPERATION Carcinoma gall-bladder 155x		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT OR SUICIDE HOMICIDE SUICIDE	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 16/55	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Desloge Mo	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 7	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 June 1954, to Aug 11, 1955, that I last saw the deceased alive on 8-11, 1955, and that death occurred at 8:00 a.m., from the causes and on the date stated above.

23a. SIGNATURE J. P. Gault MD		23b. ADDRESS Desloge Mo		23c. DATE SIGNED 8-19-55
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 8/19/55	24c. NAME OF CEMETERY OR CREMATORY Heroid Cemetery	24d. LOCATION (City, town, or county) (State) Cantwell, Mo.	

DATE REC'D BY LOCAL REG. Aug. 19, 1955	REGISTRAR'S SIGNATURE Ether Redloff	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS C. Z. Boyer & Son Desloge, Mo.
--	---	---

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

442
4

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 *B. T. Rogers*.....

Licensed Embalmer No. *36*.....

P. O. Address *St. Louis*.....

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.