

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

28635

State File No. _____

FILED SEP 6 1955

BIRTH NO. _____		REG. DIST. NO. <u>323</u>		PRIMARY REG. DIST. NO. <u>6091</u>		Registrar's No. <u>17</u>	
1. PLACE OF DEATH a. COUNTY <u>Saline</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Saline</u>			
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>Mt. Leonard Rural</u>)		c. LENGTH OF STAY (in this place) <u>50yrs</u>		c. CITY OR TOWN <u>Mt. Leonard</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 <u>Mt. Leonard, Mo.</u>				e. STREET ADDRESS (If rural, give location) <u>Mt. Leonard, Missouri</u> <u>0970</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Alice</u> b. (Middle) <u>J.</u> c. (Last) <u>Smith</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>August 17, 55</u>				
5. SEX <u>Fe.</u>		6. COLOR OR RACE <u>Negro</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>3-21-82</u>	
9. AGE (In years last birthday) <u>73</u>		if UNDER 1 YEAR Months <u>4</u> Days <u>26</u>		if UNDER 2 HRS. Hours <u></u> Min. <u></u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Housekeeping</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Steve William</u>			13b. MOTHER'S MAIDEN NAME _____			14. NAME OF HUSBAND OR PARTNER <u>Henry Smith</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>Henry Smith</u> ADDRESS <u>Mt. Leonard, Mo.</u>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>arteriosclerotic, cardiovascular disease</u>				INTERVAL BETWEEN ONSET AND DEATH <u>8/1/55</u> <u>8/17/55</u>	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES Morbid conditions, if any, giving DUE TO (b) _____ rise to the above cause (a) stating the underlying cause last. DUE TO (c) _____					
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>none</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) (Min.) _____		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 <u>4/27/1955</u> , to <u>8-17</u> , 1955, that I last saw the deceased alive on <u>8/10/55</u> , 1955, and that death occurred at <u>8:30p</u> m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Geo A. Kelly M. D.</u>				23b. ADDRESS <u>Haverly, Missouri</u>		23c. DATE SIGNED <u>8/24/55</u>	
24a. BURIAL, CREMATION, OR REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>8-21-55</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Salt Pond Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>S.W. Saline County Mo.</u>	
DATE REC'D BY LOCAL REG. <u>8-24-55</u>		REGISTRAR'S SIGNATURE <u>Mary Massey</u> <u>509</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>George H. Lee Marshall, Mo.</u> ADDRESS _____			

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10.48

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.....
George H. Green

Licensed Embalmer No. *427*

P. O. Address *Marsha*

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.