

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Dr. 29510
State File No. _____

FILED SEP 19 1955

BIRTH NO. _____ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 797

1. PLACE OF DEATH a. COUNTY GREENE		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a.-STATE MISSOURI b. COUNTY HOWELL	
b. CITY OR TOWN SPRINGFIELD	c. LENGTH OF STAY (in this place) 24 hr	c. CITY OR TOWN WEST PLAINS	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION ST. JOHN'S HOSPITAL		e. STREET ADDRESS (If rural, give location) RURAL ROUTE #2	

3. NAME OF DECEASED (Type or Print)	a. (First) ORVIN	b. (Middle) PAUL	c. (Last) SMITH	4. DATE OF DEATH (Month) (Day) (Year) SEPT. 8, 1955
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5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH JAN. 18, 1883	9. AGE (in years last birthday) 72	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) RETIRED MERCHANT	10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (City and State or Foreign Country) ST. PAUL, TEXAS	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME L. D. SMITH	13b. MOTHER'S MAIDEN NAME MISSOURI B. NASH	14. NAME OF HUSBAND OR WIFE DECEASED
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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. ?	17. INFORMANT'S SIGNATURE OR NAME ERNEST SMITH, ADDRESS WEST PLAINS, MO.
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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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bronchogenic carcinoma, right lung, with bleeding following biopsy.		INTERVAL BETWEEN ONSET AND DEATH 1 year
		ANTECEDENT CAUSES 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 9/8/55	19b. MAJOR FINDINGS OF OPERATION Bronchogenic carcinoma involving right primary bronchus.	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 type="checkbox"/>	21f. HOW DID INJURY OCCUR? _____
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22. I hereby certify that I attended the deceased from 9/7/, 19 55, to 9/8/, 19 55, that I last saw the deceased alive on 9/8/, 19 55, and that death occurred at 12:25 p.m., from the causes and on the date stated above.

23a. SIGNATURE John W. Pock, M.D. (Degree or title) _____	23b. ADDRESS 604 Medical Arts Bldg. Springfield 4, Missouri	23c. DATE SIGNED 9/10/55
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24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL	24b. DATE 9/8/55	24c. NAME OF CEMETERY OR CREMATORY MACKAY CEMETERY	24d. LOCATION (City, town, or county) (State) PAMONA, MISSOURI
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DATE REC'D BY LOCAL REG. 9-12-55	REGISTRAR'S SIGNATURE Wm. Williams	25. FUNERAL DIRECTOR'S SIGNATURE [Signature] ADDRESS SPRINGFIELD
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(Licensed Embalmer's Signature) on _____

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

JUN 13 1927

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.....
Lewen T. Swadley

Licensed Embalmer No. *118*

P. O. Address *Springfield*

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.