

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED NOV 14 1955

State File No. 32780

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 120 PRIMARY REG. DIST. NO. 5444 Registrar's No. 114

1. PLACE OF DEATH a. COUNTY Gentry		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Gentry	
b. CITY (If outside corporate limits, write RURAL and give township) Rural Athens T.		c. LENGTH OF STAY (in this place) 2 yrs.	c. CITY OR TOWN Albany
d. FULL NAME OF HOSPITAL OR INSTITUTION Painview Rest Home		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
e. STREET ADDRESS (If rural, give location)		0380	

3. NAME OF DECEASED (Type or Print)	a. (First) Ellen	b. (Middle) Nora	c. (Last) Smith	4. DATE OF DEATH (Month) (Day) (Year) 11-8-55
-------------------------------------	------------------	------------------	-----------------	--

5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH July 17 1869	9. AGE (In years last birthday) 86	IF UNDER 1 YEAR Months 3 Days 25	IF UNDER 24 HRS. Hours Min.
------------------	---------------------------	---	----------------------------------	---------------------------------------	-------------------------------------	--------------------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) Alexander, Mo.	12. CITIZEN OF WHAT COUNTRY? U.S.
--	-----------------------------------	--	--------------------------------------

13a. FATHER'S NAME Andrew Norton	13b. MOTHER'S MAIDEN NAME Bridget Daly	14. NAME OF HUSBAND OR WIFE Ira 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.	17. INFORMANT'S SIGNATURE OR NAME Mrs. Edna Lawter Council Bluff, Iowa	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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 5 days
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary thrombosis		
	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.  4201			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input 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 Nov. 1, 1955, to Nov. 6, 1955, that I last saw the deceased alive on Nov. 3, 1955, and that death occurred at 1A. m., from the causes and on the date stated above.

23a. SIGNATURE C. J. Pray, D.O.	(Degree or title)	23b. ADDRESS Albany, Mo.	23c. DATE SIGNED 11-9-55
------------------------------------	-------------------	-----------------------------	-----------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 11-10-55	24c. NAME OF CEMETERY OR CREMATORY Grandview Cem.	24d. LOCATION (City, town, or county) (State) Albany, Mo.
---	-----------------------	--	--

DATE REC'D BY LOCAL REG. 11-10-55	REGISTRAR'S SIGNATURE Maudie Williams	462	25. FUNERAL DIRECTOR'S SIGNATURE Bluff Brothers	ADDRESS Albany Mo
--------------------------------------	--	-----	--	----------------------

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 *Clifford Brooks*.....  
Licensed Embalmer No. 3329.

P. O. Address Albany, Mo.....

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.