

FILED NOV 30 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. 35928BIRTH NO. _____ REG. DIST. NO. 25 PRIMARY REG. DIST. NO. 4036 Registrar's No. 20

1. PLACE OF DEATH a. COUNTY <u>BATES</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>BATES</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rich Hill</u>		c. CITY OR TOWN <u>Rich Hill</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place)		e. STREET ADDRESS (If rural, give location) <u>308 CHESTNUT ST.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>308 CHESTNUT ST.</u>			

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) <u>OSCAR</u>	b. (Middle) <u>WALTER</u>	c. (Last) <u>SMALL</u>	(Month) <u>11</u>	(Day) <u>21</u>	(Year) <u>1955</u>

5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>DECEMBER 23 1882</u>	9. AGE (In years last birthday) <u>72</u>	IF UNDER 1 YEAR Months _____	IF UNDER 1 YEAR 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) <u>FARMER</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>GENERAL FARMING</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>LEXINGTON, MISSOURI</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>WALLER M. SMALL</u>	13b. MOTHER'S MAIDEN NAME <u>SEREPTA GRAHAM</u>	14. NAME OF HUSBAND OR WIFE <u>EDNA SMALL</u>
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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) <u>NO</u>	16. SOCIAL SECURITY NO. <u>NONE</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Edna Small - Rich Hill, Mo.</u>	ADDRESS <u>Rich Hill, Mo.</u>
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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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>3 yrs.</u>
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Congestive Heart Failure</u>		DUE TO (b) <u>Coronary Heart Disease</u>		
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) <u>Hypertension</u>		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>4201</u>		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	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) (Min.)	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 Oct. 1952 to Nov. 21, 1955, that I last saw the deceased alive on Nov. 21, 1955, and that death occurred at 7:15 p. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Thomas F. Boyd D.O.</u>	23b. ADDRESS <u>Rich Hill, Mo.</u>	23c. DATE SIGNED <u>11-22-55</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>11-23-55</u>	24c. NAME OF CEMETERY OR CREMATORY <u>LEXINGTON CEM.</u>	24d. LOCATION (City, town, or county) (State) <u>LEXINGTON, MISSOURI</u>
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DATE REC'D BY LOCAL REG. <u>11-28-1955</u>	REGISTRAR'S SIGNATURE <u>Mrs. Edna Douglas</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Booth Funeral Serv - Rich Hill, Mo.</u>	ADDRESS <u>Rich Hill, Mo.</u>
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(Licensee Embalmer's Statement on Reverse Side)

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 *Robert D. Steinbeck*.....

Licensed Embalmer No. *4657*.....

P. O. Address *Butte, MT*.....

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.