

FILED DEC 13 1955

STANDARD CERTIFICATE OF DEATH

State File No. **37334**

BIRTH NO. _____ REG. DIST. NO. **170** PRIMARY REG. DIST. NO. **3033** Registrar's No. **197**

1. PLACE OF DEATH a. COUNTY Laclede		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo b. COUNTY Laclede	
b. CITY (If outside corporate limits, write RURAL and give township) Lebanon		c. CITY OR TOWN Lebanon	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) _____		STREET ADDRESS (If rural, give location) 252 Lincoln	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Wallace Memo. Hosp.			

3. NAME OF DECEASED (Type or Print)	a. (First) Charley	b. (Middle) A	c. (Last) Smith	4. DATE OF DEATH (Month) (Day) (Year) Dec. 2 1955
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5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Dec. 1 1870	9. AGE (In years last birthday) 85	IF UNDER 1 YEAR Months _____	IF UNDER 24 HRS. Days _____	IF UNDER 24 HRS. Hours _____	IF UNDER 24 HRS. Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer	10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (City and State or Foreign Country) Not Known	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Not Known	13b. MOTHER'S MAIDEN NAME Not Known	14. NAME OF HUSBAND OR WIFE Ida SMITH
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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 Mrs. C. A. SMITH	ADDRESS Lebanon 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		INTERVAL BETWEEN ONSET AND DEATH 2 weeks
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute myocardial infarction		
	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 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 **July**, 19**53**, to **Dec. 2**, 19**55**, that I last saw the deceased alive on **Dec 1**, 19**55**, and that death occurred at **E. 4:50pm.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Chas. Froelich MD	23b. ADDRESS Lebanon Mo	23c. DATE SIGNED 12/3/55
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 12/4/55	24c. NAME OF CEMETERY OR CREMATORY Lebanon	24d. LOCATION (City, town, or county) (State) Lebanon Mo.
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DATE REC'D BY LOCAL REG. 12-4-1955	REGISTRAR'S SIGNATURE Wella L. May	424	25. FUNERAL DIRECTOR'S SIGNATURE S. P. Palmer	ADDRESS Lebanon Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

Received 12-12-55

Laclede County Health Unit

File No. 197

Date Filed 12-12-55

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emb

by me, or by Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Stanley R. Palmer

Licensed Embalmer No. 811

P. O. Address Lebanon

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F
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.