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THE DIVISION OF DEATHS
STANDARD CERTIFICATE OF DEATH

FILED JAN 12 1956

39941

State File No.

BIRTH NO. _____ REG. DIST. NO. 62 PRIMARY REG. DIST. NO. 4108 Registrar's No. 3

1. PLACE OF DEATH a. COUNTY Cedar		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Cedar	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Stockton		c. CITY OR TOWN Stockton	
c. LENGTH OF STAY (in this place)		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION 1006 E. Locust		STREET ADDRESS (If rural, give location) 1006 E. Locust	

3. NAME OF DECEASED (Type or Print)	a. (First) RACHEL	b. (Middle) NONE	c. (Last) SMITH	4. DATE OF DEATH (Month) (Day) (Year) Dec. 22, 1955
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH July 7, 1879	9. AGE (In years last birthday) 76	IF UNDER 1 YEAR Months 5	IF UNDER 24 HRS. Days 15	Hours	Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife	10b. KIND OF BUSINESS OR INDUSTRY Own Home	11. BIRTHPLACE (City and State or Foreign Country) Stockton, Mo.	12. CITIZEN OF WHAT COUNTRY? USA.
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13a. FATHER'S NAME Peter Poor	13b. MOTHER'S MAIDEN NAME Jenny Stukesberry	14. NAME OF HUSBAND OR WIFE Bert Smith
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Albert Smith, Stockton, 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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arterio sclerotic Cardio-vascular disease with cardiac failure		yes
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Chronic Arthritis		yes
DUE TO (c)			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		4221	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input 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 7:13, 1955, to 12:20, 1955, that I last saw the deceased alive on 12:20, 1955, and that death occurred at 6 P m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Wm B Richter MD.</u>	23b. ADDRESS <u>Stockton Mo.</u>	23c. DATE SIGNED <u>12-23-55</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>12-24-1955</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Stockton City Cem.</u>	24d. LOCATION (City, town, or county) (State) <u>Stockton, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>1-7-56</u>	REGISTRAR'S SIGNATURE <u>Geneva Garrison</u>	FUNERAL DIRECTOR'S SIGNATURE <u>Paula Funder House</u>	ADDRESS <u>Stockton Mo.</u>
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(Licensed 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.....
John A. Cantlan

Licensed Embalmer No. *438*

P. O. Address *Stockton*

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.