

FILED JAN 4 - 1956

STANDARD CERTIFICATE OF DEATH

416662

State File No. _____

BIRTH NO. _____		REG. DIST. NO. <u>294</u>		PRIMARY REG. DIST. NO. <u>3056</u>		Registrar's No. <u>310</u>			
1. PLACE OF DEATH a. COUNTY <u>Randolph</u>				2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission.) a. STATE <u>Missouri</u> b. COUNTY <u>Randolph</u>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Moberly</u>		c. LENGTH OF STAY (In this place)		c. CITY OR TOWN <u>Moberly</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>308 E. Lee St</u>				STREET ADDRESS (If rural, give location) <u>308 E. Lee St</u> <u>08800</u>					
3. NAME OF DECEASED (Type or Print) <u>Thomas F. Smith</u>			a. (First) <u>F</u> b. (Middle) <u>Smith</u> c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) <u>Dec 26 - 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>Dec. 14 - 1874</u>			
9. AGE (In years last birthday) <u>81</u>		IF UNDER 1 YEAR Months <u>0</u> Days <u>12</u>		IF UNDER 24 HRS. Hours <u></u> Min. <u></u>					
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Rtd Car Repairman</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>RR</u>			11. BIRTHPLACE (City and State or Foreign Country) <u>Mo</u>			
12. CITIZEN OF WHAT COUNTRY?		13a. FATHER'S NAME <u>Polk Smith</u>		13b. MOTHER'S MAIDEN NAME <u>Lavinia Roberts</u>		14. NAME OF HUSBAND OR WIFE <u>Jeanette</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>W</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>709-12-8791</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Thos. F. Smith</u> ADDRESS <u>Moberly, Mo</u>					
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) <u>Hypostatic Pneumonia</u>				<u>16 hrs</u>					
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Apoplexy cerebral Hemorrhage</u>				<u>16 hrs</u>					
DUE TO (c) <u>Hypertensive Heart disease</u>				<u>unknown</u>					
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>carcinoma left auricle</u>				<u>1 yr</u>					
19a. DATE OF OPERATION <u>1955 Aug</u>		19b. MAJOR FINDINGS OF OPERATION <u>L.A.</u>							
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		<u>443XH</u>							
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) (Minute)		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 <u>Aug 20</u> , 19 <u>55</u> , to <u>Dec 26</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>Dec 26</u> , 19 <u>55</u> , and that death occurred at <u>9:30 A.M.</u> , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <u>Leop. S. Jolly, D.O.</u>				23b. ADDRESS <u>Moberly, Mo</u>		23c. DATE SIGNED <u>12/27/55</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>12-29-1955</u>		24c. NAME OF CEMETERY OR CREMATORY		24d. LOCATION (City, town, or county) (State) <u>St. Louis, Mo</u>			
DATE REC'D BY LOCAL REG. <u>12/29/55</u>		REGISTRAR'S SIGNATURE <u>Beah Loue</u> <u>206-0</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Mahan and Son, Moberly, Mo</u> ADDRESS					

(Licensed Embalmer's Statement on Reverse Side)

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

FEB 3 1958

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 *Frank B DeWalt*

Licensed Embalmer No. 30

P. O. Address Moberly

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