

FILED JAN 30 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 1082

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 83

1. PLACE OF DEATH  
a. COUNTY Greene 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).  
a. STATE Missouri b. COUNTY Greene

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Springfield c. LENGTH OF STAY (in this place) 2 weeks c. CITY OR TOWN Springfield d. Is Residence within limits of a city or incorporated town? Yes  No

d. FULL NAME OF HOSPITAL OR INSTITUTION Springfield Baptist Hosp. No. STREET ADDRESS (If rural, give location) 3216 West Page Street 03970

3. NAME OF DECEASED (Type or Print) a. (First) WILLIAM b. (Middle) EARNEST c. (Last) SMITH 4. DATE OF DEATH (Month) (Day) (Year) Jan. 22, 1956

5. SEX Male 6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 8. DATE OF BIRTH Jan. 28, 1891 9. AGE (In years last birthday) 64 IF UNDER 1 YEAR Months Days IF UNDER 1 HR. Hour Min.

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

13a. FATHER'S NAME Augustus Smith 13b. MOTHER'S MAIDEN NAME Alice Inmon 14. NAME OF HUSBAND OR WIFE Edith 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. None 17. INFORMANT'S SIGNATURE OR NAME Edith Smith ADDRESS Springfield, Mo.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) MEDICAL CERTIFICATION INTERVAL BETWEEN ONSET AND DEATH Hours  
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) Pulmonary embolism  
\*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.  
ANTECEDENT CAUSES DUE TO (b) Pericarditis, acute  
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  
DUE TO (c) \_\_\_\_\_  
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.  
9 days

19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION \_\_\_\_\_ 20. AUTOPSY? YES  NO

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) 4010

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) \_\_\_\_\_ 21e. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK  21f. HOW DID INJURY OCCUR? \_\_\_\_\_

22. I hereby certify that I attended the deceased from Jan. 10, 1956, to Jan. 22, 1956, that I last saw the deceased alive on Jan. 22, 1956 and that death occurred at 11:15 a.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Stanley S. Peterson M. D. 23b. ADDRESS Springfield, Missouri 23c. DATE SIGNED 1/23/1956

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 24b. DATE 1/24/1956 24c. NAME OF CEMETERY OR CREMATORY Eastlawn Cemetery 24d. LOCATION (City, town, or county) (State) Springfield, Missouri

DATE REC'D BY LOCAL REG. 1-23-56 REGISTRAR'S SIGNATURE Edith Williamson 25. FUNERAL DIRECTOR'S SIGNATURE Harry C. ... ADDRESS Springfield, Mo.

623 West Walnut  
SPRINGFIELD, MISSOURI  
WRITE PLAINLY—USING UNFAADING BLACK INK—MAKE A PERMANENT RECORD

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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 *James W. Wair*.....

Licensed Embalmer No.....4.6.....

P. O. Address...Springfield...

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.