

FILED FEB 14 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **1244**

BIRTH NO. _____ REG. DIST. NO. _____ PRIMARY REG. DIST. NO. _____ Registrar's No. _____

1. PLACE OF DEATH a. COUNTY Howell			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Howell		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN "Rural" Sisson Twp.		c. LENGTH OF STAY (in this place) 78 yrs	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN "Rural" Sisson Twp		d. 460
d. FULL NAME OF HOSPITAL OR INSTITUTION residence			d. STREET ADDRESS (If rural, give location) Peace Valley, Mo.		
3. NAME OF DECEASED (Type or Print) a. (First) EDWARD		b. (Middle) CLARENCE	c. (Last) SMITH	4. DATE OF DEATH (Month) (Day) (Year) Jan. 26, 1956	
5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH Aug. 7, 1872	9. AGE (In years last birthday) 83	IF UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer	10b. KIND OF BUSINESS OR INDUSTRY retired	11. BIRTHPLACE (State or foreign country) Louisville, Ky.		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Theodore Smith		13b. MOTHER'S MAIDEN NAME Sarah Baxter	14. NAME OF HUSBAND OR WIFE Lucy Ann Shockley 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 ADDRESS Frank Smith, Peace Valley, Mo.		
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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic myocarditis				INTERVAL BETWEEN ONSET AND DEATH 2 years
ANTECEDENT CAUSES <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i>	DUE TO (b) Hypertension				15 years
	DUE TO (c) Arterial sclerosis				10 years
II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>					443x
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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)	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 12/10 , 19 55 , to 1/26 , 19 56 , that I last saw the deceased alive on 1/22 , 19 56 , and that death occurred at 10:15 a.m., from the causes and on the date stated above.					
23a. SIGNATURE <i>J. Callahan M.D.</i>		23b. ADDRESS <i>West Plains, Mo</i>		23c. DATE SIGNED 1-28-56	
24a. BURIAL, CREMATION, REMOVAL (Specify) burial	24b. DATE Jan. 29, 1956	24c. NAME OF CEMETERY OR CREMATORY Barnett Cem.	24d. LOCATION (City, town, or county) (State) Howell County, Mo.		
DATE REC'D BY LOCAL REG. 2-14-56	REGISTRAR'S SIGNATURE <i>Raymond A. Bridges</i>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <i>Hal Shoups</i> W. Plains, Mo		

(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
Student Embalmer

Signed *Hal Stoumburg*.....

Licensed Embalmer No.

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.