S. No. 300
v. 10.48

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

FILED JAN 23 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 1787

BIRTH NO. _____ REG. DIST. NO. 169 PRIMARY REG. DIST. NO. 4263 Registrar's No. 6

1. PLACE OF DEATH
a. COUNTY: Knox
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Novelty
c. LENGTH OF STAY (In this place): 50 Yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Residence

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Missouri
b. COUNTY: Knox
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Novelty 0520
d. STREET ADDRESS (If rural, give location): None

3. NAME OF DECEASED (Type or Print)
a. (First): Louisa
b. (Middle): Pasten
c. (Last): Smith

4. DATE OF DEATH (Month) Jan (Day) 13 (Year) 1956

5. SEX: F
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widwoed
8. DATE OF BIRTH: Sept 26, 1859
9. AGE (In years last birthday): 96 | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: None
11. BIRTHPLACE (City and State or Foreign Country): Plattsburg, Missouri
12. CITIZEN OF WHAT COUNTRY?: USA
13a. FATHER'S NAME: T. R. Hill
13b. MOTHER'S MAIDEN NAME: Julia Francis Sparks
14. NAME OF HUSBAND OR WIFE: J. D. Smith
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO
(If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S SIGNATURE OR NAME: Mr H. P. Smith
ADDRESS: Novelty, 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocarditis — INTERVAL BETWEEN ONSET AND DEATH: Jan 12-1956 to Jan 13-1956

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Arteriosclerosis

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death. Infirmities 4221

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)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
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 12, 1956, *to* Jan 13, 1956 *that I last saw the deceased alive on* Jan 13, 1956, *and that death occurred at* 9:45 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE E. O. Holmes (Degree or title) D.D.
23b. ADDRESS Novelty Mo
23c. DATE SIGNED Jan 16-56

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 16 Jan 56
24c. NAME OF CEMETERY OR CREMATORY: Green Lawn Cemetery
24d. LOCATION (City, town, or county) (State): Plattsburg, Missouri

DATE REC'D BY LOCAL REG.: Jan-20-56
REGISTRAR'S SIGNATURE: Nell L. Hunt
25. FUNERAL DIRECTOR'S SIGNATURE: A. G. Grimes
ADDRESS: Edina, Mo

(Licensed Embalmer's Statement on Reverse Side)

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 Mrs J. W. Hudson

Licensed Embalmer No. 2972

P. O. Address Edina Mo.

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