

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **2553**BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 6074 Registrar's No. 15

1. PLACE OF DEATH a. COUNTY St. Francois		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri		b. COUNTY St. Francois	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Franklay		c. LENGTH OF STAY (in this place) 5 Years		c. CITY OR TOWN Franklay	
d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>					
d. FULL NAME OF HOSPITAL OR INSTITUTION Franklay					
e. STREET ADDRESS (If rural, give location)					

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) Lula	b. (Middle) Belle	c. (Last) Smith	(Month) (Day) (Year) Jan. 14, 1956		

5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Feb. 1, 1887	9. AGE (In years last birthday) 68	IF UNDER 1 YEAR Months 11	IF UNDER 24 HRS. Days 13	IF UNDER 24 HRS. Hours 	IF UNDER 24 HRS. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) LABORER	10b. KIND OF BUSINESS OR INDUSTRY Drug Factory	11. BIRTHPLACE (City and State or Foreign Country) Washington County, Mo.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Marion Rasnic	13b. MOTHER'S MAIDEN NAME Jerusha Starkey	14. NAME OF HUSBAND OR WIFE Edward L. Smith
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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. UNKNOWN	17. INFORMANT'S SIGNATURE OR NAME Edward L. Smith	ADDRESS Franklay, Mo.
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18. CAUSE OF DEATH - Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* Congestive circulatory failure		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 443x		immediate
* 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 Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Decompensated Hypertensive Heart Disease DUE TO (c) Arterio sclerosis		4-5 years 10-15 years

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) (m.)	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 Jan. 3, 1953, to Jan. 14, 1956, that I last saw the deceased alive on Jan. 14, 1956, and that death occurred at 7 P. M., from the causes and on the date stated above.

23a. SIGNATURE M. M. Beck	(Degree or title) D. O.	23b. ADDRESS Leadwood, Missouri	23c. DATE SIGNED Jan. 18, 1956
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 1/17/56	24c. NAME OF CEMETERY OR CREMATORY Sunlight Cemetery	24d. LOCATION (City, town, or county) (State) Washington County, Mo.
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DATE REC'D BY LOCAL REG Jan. 18, 1956	REGISTRAR'S SIGNATURE Ether Rudloff	25. FUNERAL DIRECTOR'S SIGNATURE Bert L. Boyer	ADDRESS Leadwood, Mo.
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JAN 26 1958

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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 *William E. Bayer*.....

Licensed Embalmer No. *4730*.....

P. O. Address *Leadwood*.....

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.