

FILED FEB 15 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

3547

State File No.

BIRTH NO.		REG. DIST. NO. <u>340</u>		PRIMARY REG. DIST. NO. <u>4503</u>		Registrar's No. <u>21</u>	
1. PLACE OF DEATH a. COUNTY <u>Stoddard</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Stoddard</u>			
b. CITY OR TOWN <u>Bernie</u>		c. LENGTH OF STAY (in this place township) <u>43 yrs.</u>		c. CITY OR TOWN <u>Bernie</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>Home City</u>				e. STREET ADDRESS (If rural, give location) <u>City</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>ARTIE</u>		b. (Middle) <u>LEE</u>		c. (Last) <u>SMILEY</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>FEB. 1 1956</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>Jan. 12, 1895</u>	
9. AGE (In years last birthday) <u>61</u>		10. MONTHS <u>0</u>		11. DAYS <u>19</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired farming</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <u>--, Illinois</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Wm. H. Smiley</u>		13b. MOTHER'S MAIDEN NAME <u>Harriet Ray</u>		14. NAME OF HUSBAND OR WIFE <u>Elizabeth Smiley</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Elizabeth Smiley, Bernie, Missouri</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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic Myocarditis and Myocardial Degeneration</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) <u>Asthma</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Chronic Nephritis</u>				INTERVAL BETWEEN ONSET AND DEATH <u>Unknown</u> <u>Unknown</u> <u>Unknown</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) (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>7:47</u> , 19 <u>48</u> , to <u>Feb. 1</u> , 19 <u>56</u> , that I last saw the deceased alive on <u>Feb. 1</u> , 19 <u>56</u> , and that death occurred at <u>1:35 P.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>F O Kelly D O</u>		(Degree or title)		23b. ADDRESS <u>Bernie Mo</u>		23c. DATE SIGNED <u>2-8-56</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Feb. 3, 1956</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Bernie Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Bernie, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>2-10-56</u>		REGISTRAR'S SIGNATURE <u>Delma D. Jenkins</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Landess Funeral Home, Campbell, Mo</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

9561 02 828

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 *Christina M. Landea*

Licensed Embalmer No. *432*

P. O. Address *Campbell*

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.