

FILED FEB 23 1956

STANDARD CERTIFICATE OF DEATH

State File No. **5440**BIRTH NO. _____ REG. DIST. NO. **159** PRIMARY REG. DIST. NO. **4249** Registrar's No. **10**

1. PLACE OF DEATH a. COUNTY Jefferson			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo b. COUNTY _____		
b. CITY (If outside of parish limits, write RURAL and give township) Hillsboro		c. LENGTH OF STAY (in this place) 10 mo	c. CITY OR TOWN St. Louis		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION Cedar Grove Nursing Home			f. STREET ADDRESS (If rural, give location) Unknown		
3. NAME OF DECEASED a. (First) Frederick b. (Middle) S. c. (Last) Smith			4. DATE OF DEATH (Month) (Day) (Year) Jan. 31, 1956		
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Unknown	8. DATE OF BIRTH Unknown	9. AGE (In years last birthday) 89	10. UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Unknown	10b. KIND OF BUSINESS OR INDUSTRY Unknown	11. BIRTHPLACE (City and State or Foreign Country) Unknown		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Unknown		13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE _____	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Unknown		16. SOCIAL SECURITY NO. 499-12-5469A	17. INFORMANT'S SIGNATURE OR NAME Cedar Grove Nursing Home ADDRESS Hillsboro		
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, ashenia, etc. It means the disease, injury, or complication which caused death.			MEDICAL CERTIFICATION		
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* Chronic Myocarditis - Myocardial Regeneration			INTERVAL BETWEEN ONSET AND DEATH		
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____					
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					
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)		4222
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 June , 1955, to Jan 31 , 1956 that I last saw the deceased alive on Jan 30 , 1956, and that death occurred at 3:15A m., from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) R E Pierce D.O.			23b. ADDRESS De Soto, Mo		23c. DATE SIGNED 2-2-56
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Feb 4, 1956	24c. NAME OF CEMETERY OR CREMATORY Hillsboro Cemetery	24d. LOCATION (City, town, or county) (State) Hillsboro Mo		
DATE REC'D BY LOCAL REG. 2-6-56	REGISTRAR'S SIGNATURE Kathleen Maraden		25. FUNERAL DIRECTOR'S SIGNATURE Donnell B Dieblich		ADDRESS De Soto Mo

(Licensed Embalmer's Statement on Reverse Side)

JEFFERSON COUNTY HEALTH DEPT.
HILLSBORO, MISSOURI

DATE RECEIVED

FEB 13 1956

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 *May M. Smith*

Licensed Embalmer No. *44*

P. O. Address *Potosi*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.
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.