

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED MAR 5 1956

State File No. **5460**

BIRTH NO. _____ REG. DIST. NO. **167** PRIMARY REG. DIST. NO. **4256** Registrar's No. **9**

1. PLACE OF DEATH a. COUNTY Johnson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). -- a. STATE Missouri b. COUNTY Cass	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN Holden -rural (Madison Twp))		c. CITY OR TOWN Strasburg	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) 3 wks.		e. STREET ADDRESS (If rural, give location) none	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION R.F.D. 3 (Madison Twp)			

3. NAME OF DECEASED (Type or Print)	a. (First) Josephine	b. (Middle) Adelia	c. (Last) Smith	4. DATE OF DEATH (Month) (Day) (Year) Feb. 23, 1956
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5. SEX F.	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED? WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH Feb. 28, 1872	9. AGE (In years last birthday) 83	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 24 Hrs. Hours	Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife	10b. KIND OF BUSINESS OR INDUSTRY home	11. BIRTHPLACE (City and State or Foreign Country) Marshall, Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.
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13a. FATHER'S NAME Isaac Wiley	13b. MOTHER'S MAIDEN NAME Delilah Douglass	14. NAME OF HUSBAND OR WIFE James Q. 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 none	16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME Mrs. Blanche Hoover	ADDRESS Pleasant Hill, Mo.
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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, asthemia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 4 days 5 years 7 days
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Congestive Heart Failure		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause lost. DUE TO (b) Hypertension DUE TO (c) Cerebral Hemorrhage		
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 331x	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)	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 **2-13**, 19**56**, to **2-23**, 19**56**, that I last saw the deceased alive on **2-23**, 19**56**, and that death occurred at **2:00 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) R N Jones	23b. ADDRESS Holden Mo	23c. DATE SIGNED 2-25-56
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Feb. 26, 1956	24c. NAME OF CEMETERY OR CREMATORY Pleasant Hill Cem.	24d. LOCATION (City, town, or county) (State) Pleasant Hill, Missouri
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DATE REC'D BY LOCAL REG. 2-26-56	REGISTRAR'S SIGNATURE Mr. H. V. Redford	25. FUNERAL DIRECTOR'S SIGNATURE Brownfield-Stanley	ADDRESS Pleasant Hill, Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

0.300
0.48

MAR 16 1956

1956

RECEIVED
FEB 28 1956
JOHNSON COUNTY HEALTH

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 *Allen Brown*

Licensed Embalmer No. *37*

P. O. Address *Pleasant*

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.