No. 300
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THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 7683

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 500 Registrar's No. 547

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

1. PLACE OF DEATH
a. COUNTY St. Louis
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Lemay
c. LENGTH OF STAY (in this place) 8 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Mount St. Rose Sanitarium

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Arkansas
b. COUNTY
c. CITY OR TOWN Batesville
d. Is Residence within limits of a city or incorporated town? Yes ☒ No ☐
e. STREET ADDRESS (If rural, give location) 735 East Broad Street 808.9

3. NAME OF DECEASED (Type or Print)
a. (First) FLAUD
b. (Middle) KIRBY
c. (Last) SMITH

4. DATE OF DEATH (Month) 2 (Day) 25 (Year) 56

5. SEX male
6. COLOR OR RACE white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married
8. DATE OF BIRTH Dec. 4, 1883
9. AGE (In years last birthday) 72 — 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) retired clerk
10b. KIND OF BUSINESS OR INDUSTRY Mo-Pac Railroad
11. BIRTHPLACE (City and State or Foreign Country) Sidney, Arkansas
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Burrel Smith
13b. MOTHER'S MAIDEN NAME Naomi
14. NAME OF HUSBAND OR WIFE Ollie Smith

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service) ——
16. SOCIAL SECURITY NO. none
17. INFORMANT'S SIGNATURE OR NAME H. J. Mohler-Mo-Pac Hospital ADDRESS

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) Cardiac Decompensation — INTERVAL BETWEEN ONSET AND DEATH: 4 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerotic Heart Disease
DUE TO (c) Generalized Arteriosclerosis

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death Far Advanced Pulmonary Tuberculosis

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION 4200 A
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* Feb. 17, 1956, *to* Feb 25, 1956, *that I last saw the deceased alive on* Feb 24, 1956, *and that death occurred at* 12 NOON, *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) David M. Skilling, Jr. M.D.
23b. ADDRESS 18 South Kingshighway
23c. DATE SIGNED 2-25-56

24a. BURIAL, CREMATION, REMOVAL (Specify) removal
24b. DATE 2-25-56
24c. NAME OF CEMETERY OR CREMATORY Local
24d. LOCATION (City, town, or county) Batesville, Arkansas (State)

DATE REC'D BY LOCAL REG. 2-25-56
REGISTRAR'S SIGNATURE Herbert R. Domke M.D. Jr.
25. FUNERAL DIRECTOR'S SIGNATURE C. R. Lupton & Sons-7233 Delmar Blv'd. ADDRESS

(Licensed Embalmer's Statement on Reverse Side)

APR 18 1956

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embal

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed..Arnold W. Schoen

Licensed Embalmer No. 386

P. O. Address St. Lou

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