

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **8388**

FILED APR 4 - 1956

BIRTH NO. _____ REG. DIST. NO. **387** PRIMARY REG. DIST. NO. **5207** Registrar's No. **4**

1. PLACE OF DEATH a. COUNTY Carroll		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Carroll	
b. CITY (If outside corporate limits, write RURAL and give township) Dawn, Missouri		c. CITY OR TOWN Dawn,	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. LENGTH OF STAY (In this place) 50 years		e. STREET ADDRESS (If rural, give location) RFD	
d. FULL NAME OF HOSPITAL OR INSTITUTION. Home of Wm Reeder,			

3. NAME OF DECEASED (Type or Print)	a. (First) CLARA	b. (Middle)	c. (Last) SMITH	4. DATE OF DEATH (Month) (Day) (Year) March 26, 1956
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5. SEX F	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed,	8. DATE OF BIRTH Oct. 18th, 1874	9. AGE (In years last birthday) IF UNDER 1 YEAR 81 Months 5 Days 8	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) Housekeeper	10b. KIND OF BUSINESS OR INDUSTRY XX	11. BIRTHPLACE (City and State, or Foreign Country) Livingston Co. Missouri	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Peter Reeder	13b. MOTHER'S MAIDEN NAME Elizabeth Francis Smith	14. NAME OF HUSBAND OR WIFE D.F. Smith
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, unknown) (If yes, give year or dates of service) NO	16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs Dilla Grace Coldron, Dawn, 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, ashenic, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage		6 days
ANTECEDENT CAUSES		DUE TO (b) Arterial Sclerosis	
Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		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 331x	20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) (Min.)	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. 1, 1956**, to **Mar. 27, 1956**, that I last saw the deceased alive on **Mar. 25, 1956**, and that death occurred at **6 A** m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Joseph A. Conrad M.D.	23b. ADDRESS Chillicothe, Mo	23c. DATE SIGNED 3/27/56
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 3/27/1956	24c. NAME OF CEMETERY OR CREMATORY Blue Mound cemetery	24d. LOCATION (City, town, or county) (State) Dawn, Missouri
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DATE REC'D BY LOCAL REG. 3/27/1956	REGISTRAR'S SIGNATURE Mrs Rex Henderson	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Clifford W. Austin, Tina, Mo.
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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.....
Licensed Embalmer No. 323

P. O. Address Tina, Miss

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.