No. 300
10.48

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

FILED APR 9 - 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

8890

State File No. .....

BIRTH NO. _____ REG. DIST. NO. 137 PRIMARY REG. DIST. NO. 3023 Registrar's No. 150

1. PLACE OF DEATH
a. COUNTY: Henry
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Clinton
c. LENGTH OF STAY (in this place): 16 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Wetzel Osteopathic Hosp

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Henry
c. CITY OR TOWN: Clinton
d. Is Residence within limits of a city or incorporated town? Yes ☒ No ☐
e. STREET ADDRESS (If rural, give location): 1045 S. Water St.

3. NAME OF DECEASED (Type or Print): a. (First) Claud b. (Middle) C. c. (Last) Smith

4. DATE OF DEATH (Month) (Day) (Year): April 1 1956

5. SEX: Male
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Aug. 7, 1907
9. AGE (In years last birthday): 48
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): Stockman
10b. KIND OF BUSINESS OR INDUSTRY: Livestock
11. BIRTHPLACE (City and State or Foreign Country): Clinton, Missouri
12. CITIZEN OF WHAT COUNTRY?: USA.

13a. FATHER'S NAME: Daniel W. Smith
13b. MOTHER'S MAIDEN NAME: Alice Hand Ford
14. NAME OF HUSBAND OR WIFE: MILDRED 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.: _____
17. INFORMANT'S SIGNATURE OR NAME: Harold Smith (Son) ADDRESS: Clinton, Mo.

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) Uremia — INTERVAL BETWEEN ONSET AND DEATH: 2 days.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Cardiovascular Collapse — 4 days
DUE TO (c) Gall bladder Surgery — 3-17-56

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Acute Cholecystitis with Stones

19a. DATE OF OPERATION: 3-17-56
19b. MAJOR FINDINGS OF OPERATION: infected gall bladder filled with Stones
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): 584x

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* Jan, 1956, *to* 4-1-, 1956, *that I last saw the deceased alive on* 4-1-, 1956, *and that death occurred at* 2.30 p m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): L J Powell DO
23b. ADDRESS: Clinton Mo
23c. DATE SIGNED: 4/4/56

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: April 3 1956
24c. NAME OF CEMETERY OR CREMATORY: Englewood
24d. LOCATION (City, town, or county) (State): Clinton, Missouri

DATE REC'D BY LOCAL REG.: 4-5-56
REGISTRAR'S SIGNATURE: Mildred Bigum
25. FUNERAL DIRECTOR'S SIGNATURE: J. E. Consalus
ADDRESS: Clinton, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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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 emba

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

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed. Eugene R. Consalus

Licensed Embalmer No. 4680

P. O. Address. Clinton, N

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.