

FILED MAR 19 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. **9633**BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **174** PRIMARY REG. DIST. NO. **3435** Registrar's No. **24**

1. PLACE OF DEATH a. COUNTY <b>Lafayette</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Lafayette</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Lexington</b>		c. LENGTH OF STAY (in this place) <b>28yr.</b>	c. CITY OR TOWN <b>Lexington</b>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>2324 South Street</b>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>WILLIAM</b>		b. (Middle) <b>H.</b>	c. (Last) <b>SMITH</b>
4. DATE OF DEATH <b>March 8 1956</b>		5. SEX <b>Male</b>	
6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	
8. DATE OF BIRTH <b>September 2 1879</b>		9. AGE (In years last birthday) if UNDER 1 YEAR <b>76 6</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>none (blind)</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>same</b>	
11. BIRTHPLACE (City and State or Foreign Country) <b>St. Frances County Mo.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13a. FATHER'S NAME <b>Henry Joseph Smith</b>		13b. MOTHER'S MAIDEN NAME <b>Mary Elizabeth Webb</b>	
14. NAME OF HUSBAND OR WIFE <b>Martha Jane McDonald</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>	
16. SOCIAL SECURITY NO. <b>same</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Mary E. Smith Lexington, Mo.</b>	
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Pulmonary embolism (1st attack 1/20/56 2nd attack 3/8/56)</b> 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. <b>Phlebitis left vein</b>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>463x</b>	
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)	
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?			
22. I hereby certify that I attended the deceased from <b>1/20/56</b> , 19 <b>56</b> , to <b>March 8</b> , 19 <b>56</b> , that I last saw the deceased alive on <b>March 8</b> , 19 <b>56</b> , and that death occurred at <b>3:25 P.m.</b> , from the causes and on the date stated above.			
23a. SIGNATURE <b>Ben H. Brasher MD</b>		23b. ADDRESS <b>Lexington, Mo.</b>	
23c. DATE SIGNED <b>3/9/56</b>		24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	
24b. DATE <b>March 10 1956</b>		24c. NAME OF CEMETERY OR CREMATORY <b>M. Acholah Cemetery Lexington, Mo</b>	
24d. LOCATION (City, town, or county) (State)		25. FUNERAL DIRECTOR'S SIGNATURE <b>David L. Walker Lexington, Mo</b>	
DATE REC'D BY LOCAL REG. <b>3-12-56</b>		REGISTRAR'S SIGNATURE <b>Monroe E. Walker</b>	

(Licensed Embalmer's Statement on Reverse Side)

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

560

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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 *Harold P. Walker*.....

Licensed Embalmer No. *458*.....

P. O. Address *Lexington*.....

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.