

FILED MAY 10 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

13669

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 154 PRIMARY REG. DIST. NO. 5575 Registrar's No. 32

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>	
b. CITY OR TOWN <u>Hickman Mills</u>		c. CITY OR TOWN <u>Hickman Mills</u>	
c. LENGTH OF STAY (in this place) <u>2 yrs</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>9401 Bristol</u>		e. STREET ADDRESS (If rural, give location) <u>9401 Bristol</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>William Arthur</u> b. (Middle) <u>Smith</u> c. (Last) <u>Smith</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>May 3 1956</u>		
----------------------------------------------------------------------------------------------------------------------------	--	--	---------------------------------------------------------------	--	--

5. SEX <u>male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>12-19-1876</u>	9. AGE (In years last birthday) <u>79</u>	IF UNDER 1 YEAR Months <u>-</u> Days <u>-</u>	IF UNDER 24 HRS. Hours <u>-</u> Min. <u>-</u>
--------------------	-------------------------------	-----------------------------------------------------------------------	------------------------------------	-------------------------------------------	-----------------------------------------------	-----------------------------------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Relief Custodian Monticello School</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>School</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Hershman Illinois</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>	
---------------------------------------------------------------------------------------------------------------------------------------	--	-------------------------------------------------	--	-----------------------------------------------------------------------------	--	-------------------------------------------	--

13a. FATHER'S NAME <u>James K. Smith</u>		13b. MOTHER'S MAIDEN NAME <u>Mary McCoy</u>		14. NAME OF HUSBAND OR WIFE <u>Hara Smith</u>	
------------------------------------------	--	---------------------------------------------	--	-----------------------------------------------	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>H.B. Smith</u>		ADDRESS <u>9401 Bristol Hickman Mills</u>	
--------------------------------------------------------------------------------------------------------------------	--	-------------------------------------	--	-----------------------------------------------------	--	-------------------------------------------	--

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, asthma, 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) <u>Coronary occlusion</u>		DUPLICATE OF (a) <u>Coronary occlusion</u>				3 hrs.	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) <u>Intestinal obstruction</u>				5 days	
		DUE TO (c) <u>Arteriosclerosis.</u>				5 yrs	
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		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)		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 4-30 1956, to 5-3, 1956, that I last saw the deceased alive on 5-2, 1956, and that death occurred at 9:30 A. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>H. Ina Teel Do</u>		23b. ADDRESS <u>111 1/2 + 71 Highway</u>		23c. DATE SIGNED <u>5-3-56</u>	
--------------------------------------------------------	--	------------------------------------------	--	--------------------------------	--

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>5-25-56</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Lewisstown Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Lewisstown Missouri</u>	
---------------------------------------------------------	--	--------------------------	--	---------------------------------------------------------------	--	--------------------------------------------------------------------------	--

DATE REC'D BY LOCAL REG. <u>5/3/56</u>		REGISTRAR'S SIGNATURE <u>Herb E. Goddard</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Francis Wornall</u>		ADDRESS <u>Funeral Home</u>	
----------------------------------------	--	----------------------------------------------	--	---------------------------------------------------------	--	-----------------------------	--

KE MO

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

MAY 10 1956

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 *Russell N. Fra* .....

Licensed Embalmer No. 42

P. O. Address K 2

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.