

FILED MAY 21 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. **15886**BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **77** PRIMARY REG. DIST. NO. **3016** Registrar's No. **157**

1. PLACE OF DEATH a. COUNTY <b>Cole</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MISSOURI</b> b. COUNTY <b>Callaway</b>	
b. CITY (If outside corporate limits, write RURAL, and give township) <b>Jefferson City</b>		c. LENGTH OF STAY (in this place) <b>2 wks</b>	c. CITY OR TOWN <b>New Bloomfield</b>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Chas Still Hosp</b>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
		• STREET ADDRESS (If rural, give location) <b>0140</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>Edith</b> b. (Middle) <b>Belle</b> c. (Last) <b>Smith</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>May 11 - 56</b>		
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>	8. DATE OF BIRTH <b>MAR-6-1886</b>	9. AGE (in years last birthday) <b>80</b>	IF UNDER 1 YEAR Months <b>2</b> Days <b>5</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>None</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>New Bloomfield Mo</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>

13a. FATHER'S NAME <b>Richard R. Gunn</b>	13b. MOTHER'S MAIDEN NAME <b>Elizabeth Reed</b>	14. NAME OF HUSBAND OR WIFE <b>Oscar Smith</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>NO</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Homer Smith</b>
		ADDRESS <b>Jefferson City</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, 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) <b>Pneumonia 17 hrs.</b>		
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		
	DUE TO (b) <b>Acute Renal Failure 8 days</b>		
	DUE TO (c) <b>Carcinoma of Duodenum 12 mo.</b>		
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"/>
		<b>152X</b>
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 (Month) (Day) (Year) (Hour) OF INJURY	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 **June 19, 1955** to **May 11, 1956**, that I last saw the deceased alive on **May 11, 1956** and that death occurred at **11:45 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE <b>Spencer Macauley</b>	(Degree of title) <b>DO</b>	23b. ADDRESS <b>303 W. W. Carter, Jefferson City</b>	23c. DATE SIGNED <b>5-11-56</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>May 18-56</b>	24c. NAME OF CEMETERY OR CREMATORY <b>New Bloomfield Cem.</b>	24d. LOCATION (City, town, or county) (State) <b>New Bloomfield Mo</b>
DATE REC'D BY LOCAL REG. <b>16 May 1956</b>	REGISTRAR'S SIGNATURE <b>R. G. Dorris, M.D., M.P.</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Halet Clayton</b>	
		ADDRESS <b>New Bloomfield</b>	

(Licensed Embalmer's Statement on Reverse Side)

OCT 22 1962

MAR 20 1961

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was by me, or by ..... Student Embalmer No. .... working under my personal supervision..

Student ..... Signature of Student Embalmer

Signed *LeRoy Claypool*

Licensed Embalmer No. 4

P. O. Address *New Bl...*

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