

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

21352

State File No.

FILED JUL 16 1956

BIRTH NO. _____ REG. DIST. NO. 231 PRIMARY REG. DIST. NO. 4370 Registrar's No. 168

1. PLACE OF DEATH
a. COUNTY Nodaway

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri b. COUNTY Nodaway

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Clearmont

c. CITY OR TOWN Burlington Jct. d. Is Residence within limits of a city or incorporated town? Yes No

c. LENGTH OF STAY (in this place) 1 mo.

f. STREET ADDRESS (If rural, give location) 6 miles east

3. NAME OF DECEASED (Type or Print)
a. (First) MERLIN b. (Middle) _____ c. (Last) SMITH 4. DATE OF DEATH (Month) (Day) (Year) 7 7 56

5. SEX Male 6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 8. DATE OF BIRTH (last birthday) 12/25/76 9. AGE (In years) (Months) (Days) (Hours) (Min.) 79

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer-retired 10b. KIND OF BUSINESS OR INDUSTRY Own account 11. BIRTHPLACE (City and State or Foreign Country) Warsaw, Indiana 12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Otis Smith 13b. MOTHER'S MAIDEN NAME Nancy Emaline Boggess 14. NAME OF HUSBAND OR WIFE Nevada Burch Smith, dec.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no 16. SOCIAL SECURITY NO. none 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Fleta Pierson, Pickering, Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Congestive Circulatory Failure
ANTECEDENT CAUSES (b) Thrombotic Encephalomalacia and prolonged recumbency
DUE TO (c) Generalized Arteriosclerosis
II. OTHER SIGNIFICANT CONDITIONS (Conditions contributing to the death but not related to the disease or condition causing death.)
INTERVAL BETWEEN ONSET AND DEATH 2 days
4 months
years

19a. DATE OF OPERATION _____ 19b. MAJOR FINDINGS OF OPERATION _____ 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) 332X

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ 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 June 27, 1956, to July 7, 1956, that I last saw the deceased alive on July 6, 1956, and that death occurred at 10:30A m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Donald M. Hayes D. O. 23b. ADDRESS Elmo, Missouri 23c. DATE SIGNED July 9, 1956

24a. BURIAL, CREMATION, REMOVAL (Specify) burial 24b. DATE 7/9/56 24c. NAME OF CEMETERY OR CREMATORY Workman Chapel 24d. LOCATION (City, town, or county) (State) Nodaway Co., Missouri

DATE REC'D BY LOCAL REG. 7-14-56 REGISTRAR'S SIGNATURE Bess Iboles 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Price Funeral Home, Maryville, Mo.

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

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 *Clum M. Price*.....

Licensed Embalmer No. *182*

P. O. Address *Maryville*.....

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.