FILED JUN 25 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 21471

BIRTH NO. _____ REG. DIST. NO. 275 PRIMARY REG. DIST. NO. 3053 Registrar's No. 111

1. PLACE OF DEATH
a. COUNTY: Phelps
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rolla
c. LENGTH OF STAY (In this place): 5 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Phelps Co Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE: Mo
b. COUNTY: Texas
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Licking
d. STREET ADDRESS (If rural, give location): 1001

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

4. DATE OF DEATH (Month) (Day) (Year): June 6, 1956

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Jan 29, 1897
9. AGE (In years last birthday): 59 — If under 1 year: Months / Days / Hours / Min.

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

13a. FATHER'S NAME: W.H. Smith
13b. MOTHER'S MAIDEN NAME: Lara Kay
14. NAME OF HUSBAND OR WIFE: Mennie 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: Roy Smith — ADDRESS: Licking 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): Coronary Thrombosis, massive — INTERVAL BETWEEN ONSET AND DEATH: 5 days

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.* Asthma, mod severe — yes

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES [ ] NO [X]

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) 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* 5/31, 1956, *to* 6-6, 1956 *that I last saw the deceased alive on* 6-5, 1956 *and that death occurred at* 6:00 Am., *from the causes and on the date stated above.*

23a. SIGNATURE: James M. Myers (Degree or title) M.D.
23b. ADDRESS: Rolla Mo
23c. DATE SIGNED: 6/12/56

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 6-10-56
24c. NAME OF CEMETERY OR CREMATORY: Licking Cem.
24d. LOCATION (City, town, or county) (State): Licking Mo

DATE REC'D BY LOCAL REG.: June 13, 1956
REGISTRAR'S SIGNATURE: Nadine L Stoll
25. FUNERAL DIRECTOR'S SIGNATURE: Smith & Ferguson — ADDRESS: Licking Mo

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
Phelps County Health Officer,
County File Number 444
Date Filed 6/22/56

JUN 20 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 .....
Student Embalmer

Signed Eubert E. Ferguson

Licensed Embalmer No. 3945

P. O. Address Licking Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.