

FILED JUN 27 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **22567**

BIRTH NO. _____		REG. DIST. NO. <b>356</b>		PRIMARY REG. DIST. NO. <b>6206</b>		Registrar's No. <b>25</b>	
1. PLACE OF DEATH a. COUNTY <b>TEXAS</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MISSOURI</b> b. COUNTY <b>TEXAS</b>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>RAYMONDVILLE</b>		c. LENGTH OF STAY (In this place) <b>LIFE</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>RAYMONDVILLE</b>		d. STREET ADDRESS (If rural, give location) <b>107<sup>0</sup></b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION _____				d. STREET ADDRESS (If rural, give location) <b>107<sup>0</sup></b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>THURMAN</b> b. (Middle) <b>APPLY</b> c. (Last) <b>SMALLWOOD</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>6 17 1956</b>				
5. SEX <b>M</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>	8. DATE OF BIRTH <b>FEB. 22 1894</b>	9. AGE (In years last birthday) <b>62</b>	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 HRS. Hours
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>SALESMAN</b>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <b>Ky.</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13a. FATHER'S NAME <b>JAMES SMALLWOOD</b>		13b. MOTHER'S MAIDEN NAME <b>NANNIE FORD</b>		14. NAME OF HUSBAND OR WIFE <b>BERTHA</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>YES W.W. I</b>		16. SOCIAL SECURITY NO. <b>499-071624</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>BERTHA SMALLWOOD RAYMONDVILLE</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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Acute &amp; Extensive Coronary Occlusion</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Arteriosclerosis Coronary</b> DUE TO (c) <b>Artery Disease &amp; Coronary Insufficiency</b>				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? <b>4201</b>		YES <input type="checkbox"/> NO <input 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 <b>6/17</b> , 1956, to <b>6/17</b> , 1956, that I last saw the deceased alive on <b>6/17</b> , 1956, and that death occurred at _____ m., from the causes and on the date stated above.							
23a. SIGNATURE <b>J. J. Diering, M.D.</b> (Degree or title)				23b. ADDRESS <b>Houston, TX</b>		23c. DATE SIGNED <b>6/19/56</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		24b. DATE <b>6-20-56</b>	24c. NAME OF CEMETERY OR CREMATORY <b>ALLEN</b>		24d. LOCATION (City, town, or county) (State) <b>TEXAS MO MO</b>		
DATE REC'D BY LOCAL REG. <b>June 22 56</b>		REGISTRAR'S SIGNATURE <b>Myrtie Craig</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>ELLIOTT FUNERAL HOME HOUSTON MO</b>			

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

APR 29 1956

APR 29 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 Frank E. Wood

Licensed Embalmer No. 4026

P. O. Address Houston, Tex

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