

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

23227

FILED AUG 8 - 1956

STATE FILE NUMBER

Registration District No. 96 Primary Registration District No. 5353 Registrar's No. 49

| | | | |
|---|--|---|--|
| 1. PLACE OF DEATH a. COUNTY <u>Dallas</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Dallas</u> | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) Inside Limits OR TOWN <u>Red Top</u> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | | c. CITY OR TOWN <u>Red Top</u> 0300 Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |
| c. FULL NAME OF (IF NOT in hospital, give location) Length of stay in lb HOSPITAL OR INSTITUTION <u>Residence</u> <u>life</u> | | d. STREET ADDRESS (If outside, give location) Reside on Farm <u>RFD #1</u> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |

| | | | | | |
|---|-------------------------------|---|--|---|--|
| 3. NAME OF DECEASED (Type or print) First. <u>Richard</u> Middle. <u>Smith</u> Last. <u>Smith</u> | | | 4. DATE OF DEATH Month <u>July</u> Day <u>27</u> Year <u>1956</u> | | |
| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH <u>Feb. 11, 1891</u> | 9. AGE (In years last birthday) <u>75</u> | IF UNDER 24 HRS. IF UNDER 24 HRS. Months <u>5</u> Days <u>16</u> Hours <u>0</u> Min. <u>0</u> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMER</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>FARM</u> | | 11. BIRTHPLACE (City and state or country) <u>Dallas County, Mo.</u> | |
| 13. FATHER'S NAME <u>Warner Smith</u> | | | 14. MOTHER'S MAIDEN NAME <u>Holey Colbert</u> | | |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>unknown</u> | | 16. SOCIAL SECURITY NO. <u>?</u> | | 17. INFORMANT <u>Della Smith</u> Address <u>Red Top, Mo.</u> | |

| | | | |
|---|--|--|---|
| 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>myocarditis (probably).</u> | | | INTERVAL BETWEEN ONSET AND DEATH <u>Prob 5 yrs.</u> |
| DUE TO (b) <u>Chronic Nephritis</u> <u>years.</u> | | | |
| DUE TO (c) <u>Essential hyperpiesia & arteriosclerosis</u> <u>years.</u> | | | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <u>Cirrhosis of liver (non-alcoholic) cholecystitis.</u> <u>592X</u> | | | 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |

| | | | |
|--|--|---|--|
| 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) | | |
| 20c. TIME OF INJURY Hour <u>4:00</u> Month <u>9</u> Day <u>2</u> Year <u>1956</u> a. m. <u>a</u> p. m. | | | |
| 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) | 20f. CITY, TOWN, OR LOCATION COUNTY STATE | |

| | | |
|---|--|--|
| 21. I attended the deceased from <u>Dec 1955</u> to <u>Feb 1956</u> and last saw him alive on <u>Feb 21, 1956</u> Death occurred at <u>4:00</u> a. m. on the date stated above; and to the best of my knowledge, from the causes stated. | | |
| 22a. SIGNATURE (Degree or title) <u>H. Sommerman D.O.</u> | 22b. ADDRESS <u>FAIR GROVE, Mo.</u> | 22c. DATE SIGNED <u>July 20, 1956</u> |

| | | | |
|--|---|---|--|
| 23a. BURIAL, CREMATION, OR REMOVAL (Specify) <u>BURIAL</u> | 23b. DATE <u>July 29, 1956</u> | 23c. NAME OF CEMETERY OR CREMATORY <u>Mt. Olive Cem.</u> | 23d. LOCATION (City, town, or county) (State) <u>Dallas County, Mo.</u> |
| 24. FUNERAL DIRECTOR <u>Jones</u> ADDRESS <u>Buffalo, Mo.</u> | 25. DATE RECD. BY LOCAL REG. <u>8/2/56</u> | 26. REGISTRAR'S SIGNATURE <u>Ernest P. ...</u> | |

diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.
 USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em

by me, or by Student Embalmer No.

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....

Gene C. Steuter

Licensed Embalmer No. 479

P. O. Address *Buffal*

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.