

STANDARD CERTIFICATE OF DEATH

State File No. **24204**
Registrar's No. **143**

FILED JUL 25 1956

BIRTH NO. **21963-56** REG. DIST. NO. **157** PRIMARY REG. DIST. NO. **4247**

1. PLACE OF DEATH a. COUNTY Jasper			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jasper		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Jasper		c. LENGTH OF STAY (in this place) 1 month	c. CITY OR TOWN Jasper		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION North Fourth Street			e. STREET ADDRESS (If rural, give location) West Grand Avenue 0490		

3. NAME OF DECEASED (Type or Print) a. (First) Rickey b. (Middle) Dean c. (Last) Smith			4. DATE OF DEATH (Month) (Day) (Year) June 9, 1956		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH April 26, 1956		9. AGE (In years last birthday) 1 10. IF UNDER 1 YEAR Months 13 11. IF UNDER 4 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) child		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) Lamar, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.

13a. FATHER'S NAME Arthur Smith	13b. MOTHER'S MAIDEN NAME Leola Watrous	14. NAME OF HUSBAND OR WIFE
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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 Mrs. Leola Smith, Jasper, Mo. ADDRESS
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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, asphyxia, 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) dilated right heart		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Pulmonary edema with some hemorrhage congestion of the spleen DUE TO (c) Cloudy swelling of kidneys & liver		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 522X			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION the cause of this pulmonary edema can not be determined - the right heart dilation was	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) none	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) Jasper (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	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 **April 20, 1956**, 19___, that I last saw the deceased alive on ____, 19___, and that death occurred at ____, m., from the causes and on the date stated above.

23a. SIGNATURE Walter H. S. Brown, Jasper County, Mo. (Degree or title)	23b. ADDRESS	23c. DATE SIGNED 6/27/56
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE June 11, 1956	24c. NAME OF CEMETERY OR CREMATORY Greenlawn Cemetery	24d. LOCATION (City, town, or county) (State) Jasper, Mo.
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DATE REC'D BY LOCAL REG. 7-13-56	REGISTRAR'S SIGNATURE EM Clinton	25. FUNERAL DIRECTOR'S SIGNATURE Martin Selvey ADDRESS Jasper, Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

139-0

County of ...
Ohio File No. **JUL 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.....
Signature of Student Embalmer

Signed..... *Lawson T. Sharp*

Licensed Embalmer No. *492*

P. O. Address *Jasper, Ohio*

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.