

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

25705

State File No. ....

FILED AUG 3-1956

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 333 PRIMARY REG. DIST. NO. 3074 Registrar's No. 111

1. PLACE OF DEATH a. COUNTY <u>Scott</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Stoddard</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Sikeston</u>		c. LENGTH OF STAY (In this place) <u>10 Days</u>	c. CITY OR TOWN <u>Essex</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) <u>Mo. Delta Community Hospital</u>		STREET ADDRESS (If rural, give location) <u>Route #2</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Alex</u> b. (Middle) <u>-</u> c. (Last) <u>Smith</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>7 12 1956</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>6-10-1900</u>
9. AGE (In years last birthday) Months Days <u>56</u>		10. 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>Farming</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>VanBuren Co., Arkansas</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>

13a. FATHER'S NAME <u>Thomas D. Smith</u>	13b. MOTHER'S MAIDEN NAME <u>Mollie Crawford</u>	14. NAME OF HUSBAND OR WIFE <u>Bernice Crowell</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>-</u>	16. SOCIAL SECURITY NO. <u>-</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Bernice Smith, Essex, Mo.</u>	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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>10 hours</u>  <u>4 years</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Atherosclerotic Heart Disease</u> DUE TO (c) <u>None</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>4200</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from May, 1956, to July 12, 1956, that I last saw the deceased alive on July 12, 1956, and that death occurred at 6:30 a.m., from the causes and on the date stated above.

23a. SIGNATURE <u>Stephen Fisher M.D.</u>	(Degree or title)	23b. ADDRESS <u>Bloomfield, Mo.</u>	23c. DATE SIGNED <u>7-14-56</u>
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24a. BURIAL CREMATION, REMOVAL (Specify) <u>burial</u>	24b. DATE <u>7/14/1956</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Woolverton Mt. Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Formosa, Ark.</u>
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DATE REC'D BY LOCAL REG. <u>7-23-56</u>	REGISTRAR'S SIGNATURE <u>Max E. Hunter</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>McDaniel Funeral Serv. Inc.</u>	ADDRESS <u>Stewart Mo</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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DATE RECEIVED JUL 30 1956

SCOTT CO. HEALTH DEPT.

CO. FILE No. 756-159

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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 Edmund A. ...

Licensed Embalmer No. 4840

P. O. Address Seneca

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.