

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **25734**

BIRTH NO. FILED JUL 24 1956 REG. DIST. NO. **340** PRIMARY REG. DIST. NO. **4503** Registrar's No. **71**

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

1. PLACE OF DEATH a. COUNTY Stoddard		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Stoddard	
b. CITY (If outside corporate limits, write name of township) Bernie, MO OR TOWN BERNIE, MO		c. CITY OR TOWN BERNIE	d. 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 Home		e. STREET ADDRESS (If rural, give location) Home 1030	

3. NAME OF DECEASED (Type or Print) a. (First) Ruth	b. (Middle) Ann	c. (Last) Smith	4. DATE OF DEATH (Month) (Day) (Year) July 13, 1956
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5. SEX FEMALE	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH July 1, 1880	9. AGE (In years last birthday) 76	if UNDER 1 YEAR Months Days	if UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Home	10b. KIND OF BUSINESS OR INDUSTRY House Keeping	11. BIRTHPLACE (City and State or Foreign Country) Belmont, Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME John Willis	13b. MOTHER'S MAIDEN NAME Irene Woodard	14. NAME OF HUSBAND OR WIFE Joseph W. Smith
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) None	17. INFORMANT'S SIGNATURE OR NAME John Smith	ADDRESS Bernie, Mo.
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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 8 days UNKNOWN
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) ARTERIO SCLEROSIS DUE TO (c)		
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 331x	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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 **7-2**, 19**56**, to **7-13**, 19**56**, that I last saw the deceased alive on **7-13**, 19**56**, and that death occurred at **4:15 P. m.**, from the causes and on the date stated above.

23a. SIGNATURE W. O. Kelley (Degree or title)	23b. ADDRESS Box 157 Bernie, Missouri	23c. DATE SIGNED 7-14-56
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 7-15-56	24c. NAME OF CEMETERY OR CREMATORY Bernie Cemetery	24d. LOCATION (City, town, or county) (State) Bernie, Missouri
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DATE REC'D BY LOCAL REG. 7-16-56	REGISTRAR'S SIGNATURE Delma V. Jenkins	25. FUNERAL DIRECTOR'S SIGNATURE D. Huffie	ADDRESS Bernie, Mo
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JAN 17 1962

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 *Raymond L. Duff*

Licensed Embalmer No. 479

P. O. Address *Bernie, N.J.*

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.