

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **26395**

FILED AUG 28 1956

BIRTH NO. _____		REG. DIST. NO. 76		PRIMARY REG. DIST. NO. 5302		Registrar's No. 247	
1. PLACE OF DEATH a. COUNTY Cole <i>Clark Pump</i>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Cole			
b. CITY (If outside corporate limits, write RURAL and give OR TOWN Henley Mo.)		c. LENGTH OF STAY (in this place)		c. CITY OR TOWN Henley Mo.		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION Home				e. STREET ADDRESS (If rural, give location) Henley R.R. <i>0260</i>			
3. NAME OF DECEASED (Type or Print) a. (First) JOHN ARTHUR SMITH			b. (Middle)		c. (Last)		4. DATE OF DEATH (Month) (Day) (Year) Aug. 18- 56
5. SEX Male <input checked="" type="checkbox"/>	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married		8. DATE OF BIRTH June 7th, 1880	9. AGE (In years last birthday) 76	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 4 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) Henley MO.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Henry Smith			13b. MOTHER'S MAIDEN NAME Mary Jane Reavis		14. NAME OF HUSBAND OR WIFE Elsie Smith		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs Elsie Smith Henley Mo.			
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.		<p align="center">MEDICAL CERTIFICATION</p> I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Asypostatic Pneumonia ANTECEDENT CAUSES Cerebral Thrombosis DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 3 days 10 days	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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 (Month) (Day) (Year) (Hour) OF INJURY	
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 Aug 10, 1956 to Aug 18, 1956 , that I last saw the deceased alive on Aug 18, 1956 , and that death occurred at 10-10A m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) M. E. Humphrey D.O.				23b. ADDRESS Tusculum, Mo 65056		23c. DATE SIGNED 10-20-56	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 8-20-56		24c. NAME OF CEMETERY OR CREMATORY Hickory Hill Cem		24d. LOCATION (City, town, or county) (State) Eugene Mo.	
DATE REC'D BY LOCAL REG. 22 Aug 1956		REGISTRAR'S SIGNATURE R. P. Davis M.D. - M.R.		25. FUNERAL DIRECTOR'S SIGNATURE M. Steffens		ADDRESS Bussellville	

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

2561 5 9081
AUG 22 1958

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 *E. M. Steffens*

Licensed Embalmer No. *2307*

P. O. Address *Russell*

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.