

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **28044**

FILED SEP 5 1956

BIRTH NO. **124** REG. DIST. NO. **316** PRIMARY REG. DIST. NO. **6074** Registrar's No. **302**

1. PLACE OF DEATH a. COUNTY St. Francois		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before institution). a. STATE Missouri b. COUNTY St. Francois	
b. CITY (If outside corporate limits, write RURAL, and give township) Cantwell	c. LENGTH OF STAY (in this place) 28 Yrs.	c. CITY OR TOWN Cantwell	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 At. Home Cantwell		e. STREET ADDRESS (If rural, give location) 0940	

3. NAME OF DECEASED (Type or Print) a. (First) Wesley	b. (Middle) Rae	c. (Last) Smith	4. DATE OF DEATH (Month) (Day) (Year) 8 24 1956
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH 12 - 2 - 1927
9. AGE (In years last birthday) 28	IF UNDER 1 YEAR Months 8 Days 22	IF UNDER 4 HRS. Hours Min. 	12. CITIZEN OF WHAT COUNTRY? USA
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None - Invalid	10b. KIND OF BUSINESS OR INDUSTRY --	11. BIRTHPLACE (City and State or Foreign Country) Cantwell, Missouri	

13a. FATHER'S NAME Zeb E. Smith	13b. MOTHER'S MAIDEN NAME Callie Engleman	14. NAME OF HUSBAND OR WIFE -----
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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 Robert Smith	ADDRESS Cantwell, 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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Congestive Heart Failure ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Chronic myocarditis DUE TO (c) Myocardial degeneration II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH 4-5 M. 14-18 years
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19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	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 **March 1956** to **Aug 24, 1956**, that I last saw the deceased alive on **Aug 24, 1956**, and that death occurred at **12:10 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) M. J. Spaniol	23b. ADDRESS Flat River, Mo.	23c. DATE SIGNED 8/25/56
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 8-26-1956	24c. NAME OF CEMETERY OR CREMATORY St. Francois Mem. Pk.	24d. LOCATION (City, town, or county) (State) Bonne Terre, R-1 Mo
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DATE REC'D BY LOCAL REG. 8-25-56	REGISTRAR'S SIGNATURE Esther Rudloff	25. FUNERAL DIRECTOR'S SIGNATURE Boyer & Son	ADDRESS Desloge, Mo.
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(Licensed Embalmer's Statement on Reverse Side)

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

890

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..... *C. Z. Boyer*.....
Licensed Embalmer No. *1671*.....

P. O. Address *Desloge, Mo.*.....

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.