

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **29594**

FILED AUG 31 1956

BIRTH NO. _____ REG. DIST. NO. **538** PRIMARY REG. DIST. NO. **4501** Registrar's No. **38**

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 RURAL and give township) OR TOWN Bloomfield		c. CITY OR TOWN Bloomfield	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Tate Nursing Home		e. STREET ADDRESS (If rural, give location) 1080	

3. NAME OF DECEASED (Type or Print)	a. (First) ADDIE	b. (Middle) LORD	c. (Last) SMITH	4. DATE OF DEATH (Month) (Day) (Year) Aug. 23, 1956
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5. SEX F.	6. COLOR OR RACE W.	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) Never married	8. DATE OF BIRTH May 17, 1870	9. AGE (In years last birthday) 86	IF UNDER 1 YEAR Months 3	IF UNDER 1 HR. Days 6	IF UNDER 1 MIN. Hours 	Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) School Teacher & Stenographer	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) Shoals, Indiana	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME John T. Smith	13b. MOTHER'S MAIDEN NAME Carrie E. Lord	14. NAME OF HUSBAND OR WIFE
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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) No.	16. SOCIAL SECURITY NO. ---	17. INFORMANT'S SIGNATURE OR NAME Shelton Mozley, St. Louis 2, Mo.	ADDRESS Boatmen's Bank Bldg.
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis		1 day
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerotic Heart Disease DUE TO (c) Angestemic Heart Failure II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Severe myocarditis Severe Myocarditis		10 years 6 mo 3-4 years

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)	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 **July 55, 1955**, to **Aug 23, 1956**, that I last saw the deceased alive on **Aug 23, 1956**, and that death occurred at **5:25 p. m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Stephen Parker M.D.	23b. ADDRESS Bloomfield, Mo	23c. DATE SIGNED 8-27-56
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24a. BURIAL CREMATION, REMOVAL (Specify) Burial	24b. DATE Aug. 25, 56	24c. NAME OF CEMETERY OR CREMATORY Old Bloomfield cem.	24d. LOCATION (City, town, or county) (State) Bloomfield, Missouri
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DATE REC'D BY LOCAL REG. 8-29-56	REGISTRAR'S SIGNATURE Leila E. Mooney	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS CHILES UND. CO. BLOOMFIELD, MO.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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 *Ivan C. Cooper*.....

Licensed Embalmer No. 4119.....

P. O. Address Bloomfield, 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.