

FILED OCT 1 - 1956

STANDARD CERTIFICATE OF DEATH

State File No. **31714**

BIRTH NO.		REG. DIST. NO. 290	PRIMARY REG. DIST. NO. 4427	Registrar's No. 129
1. PLACE OF DEATH a. COUNTY Pulaski		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Pulaski		
b. CITY (If outside corporate limits, write RURAL and give township) Waynesville		c. LENGTH OF STAY (in this place) General		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 Waynesville General		e. STREET ADDRESS (If rural, give location) Rural rt 2		
3. NAME OF DECEASED (Type or Print) a. (First) Maude b. (Middle) N. c. (Last) Smith		4. DATE OF DEATH (Month) (Day) (Year) Sept 11, 1956		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Jan 2, 1877	
9. AGE (In years last birthday) 79		10. IF UNDER 1 YEAR Months Days Hours Min. 0		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) Kansas City, Mo.
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Joseph Elliott		
13b. MOTHER'S MAIDEN NAME Laura Wright		14. NAME OF HUSBAND OR WIFE Jessie L. Smith		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) No		16. SOCIAL SECURITY NO. 345 16 877 B		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Jessie L. Smith Crocker, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage INTERVAL BETWEEN ONSET AND DEATH 36 hrs ANTECEDENT CAUSES DUE TO (b) Hypertension Cardio-vascular-renal disease. 10 yrs 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 X		19b. MAJOR FINDINGS OF OPERATION X		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) X		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 442X
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) m.		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 1954 to Sept 11, 1956 , that I last saw the deceased alive on Sept 11, 1956 , and that death occurred at 5:30 P.M. from the causes and on the date stated above.				
23a. SIGNATURE (Degree or title) John A. Michalovich, D.O.		23b. ADDRESS Crocker, Mo		23c. DATE SIGNED 9-13-56
24a. BURIAL, CREMATION, OR REMOVAL (Specify) Burial		24b. DATE 9/13/56		24c. NAME OF CEMETERY OR CREMATORY Bethany
24d. LOCATION (City, town, or county) (State) Crocker, Mo.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Hedges Funeral Homes Inc Iberia, Mo.		
DATE REC'D BY LOCAL REG. 9-13-56		REGISTRAR'S SIGNATURE Emba Mae Anderson		

(Licensed Embalmer's Statement on Reverse Side)

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

OCT 1 1956

RECEIVED
9-22-56
Pulaski County Health Officer
129
File Number
Date Filed 9-13-56

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 *Walter P. Hedger*

Licensed Embalmer No. 421

P. O. Address *Shreve, La.*

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.