

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

32860

STATE FILE NUMBER

SEP 28 1956

Registration District No. 332 Primary Registration District No. 4488 Registrar's No. 146

1. PLACE OF DEATH a. COUNTY <b>Scott</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Scott</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR <b>Morley</b> TOWN		c. CITY OR TOWN <b>Morley</b>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Residence at Morley Life</b>		d. STREET ADDRESS <b>None</b>	
3. NAME OF DECEASED (Type or print) First <b>JAMES</b> Middle <b>EARLY</b> Last <b>SMITH</b>		4. DATE OF DEATH Month <b>September</b> Day <b>14</b> Year <b>1956</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>December 5, 1970</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Farming</b>	11. BIRTHPLACE (City and state or country) <b>Cape Girardeau County, Mo. USA</b>
13. FATHER'S NAME <b>James Kirby Smith</b>		14. MOTHER'S MAIDEN NAME <b>Rilla Slinkerd</b>	
15. WAS DECEASED EVER IN U.S. ARMED SERVICES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT <b>Harry Tomlinson Morley, Missouri</b>
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Probable Cerebrovascular Accident</b>			INTERVAL BETWEEN ONSET AND DEATH <b>Immediate</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>Cerebral Arteriosclerosis</b>			<b>2 years</b>
DUE TO (c) <b>Generalized arteriosclerosis</b>			<b>sunk.</b>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <b>Arteriosclerotic heart disease with Aortic Aneurysm</b>			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) <b>331x</b>	
20c. TIME OF INJURY Hour _____ a. m. _____ p. m.		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION <b>Morley</b> COUNTY <b>Scott</b> STATE <b>Missouri</b>	
21. I attended the deceased from <b>July 1956</b> to <b>Sept. 14, 1956</b> and last saw her/him alive on <b>Sept. 5, 1956</b> Death occurred at approx. <b>2 AM</b> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <b>Israel M. Foxworth, M.D.</b> (Degree or title)		22b. ADDRESS <b>24 N. Sprigg Cape Girardeau, Mo.</b>	
22c. DATE SIGNED <b>Sept. 21, 1956</b>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>9-16-56</b>	
23c. NAME OF CEMETERY OR CREMATORY <b>Old Morley Cemetery</b>		23d. LOCATION (City, town, or county) (State) <b>Morley, Missouri</b>	
24. FUNERAL DIRECTOR <b>Raymond E. Nunnelee</b> ADDRESS <b>Nunnelee Funeral Chapel 814 Easton, Mo.</b>		25. DATE RECD. BY LOCAL REG. <b>9-21-56</b>	
		26. REGISTRAR'S SIGNATURE <b>Mrs. Ella Hunter</b>	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be recorded. Coroner cannot certify to a death due to natural causes. Diseases in Part I must be causally related.

DATE RECEIVED SEP 24 1950

SCOTT CO. HEALTH DEPT.

CO. FILE No. 936-201

**CERTIFICATE 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 *Philip J. Casady*.....

Licensed Embalmer No. 44

P. O. Address *Sikeston*

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.