

FILED SEP 17 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **32979**

BIRTH NO. _____		REG. DIST. NO. <b>375</b>		PRIMARY REG. DIST. NO. <b>6280</b>		Registrar's No. <b>25</b>								
1. PLACE OF DEATH a. COUNTY <b>Wright</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Wright</b>										
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Hartville (rural-Hart twp 40yrs)</b>				c. LENGTH OF STAY (in this place) <b>40yrs</b>										
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>At Home--Hartville R.F.D.#2</b>				d. STREET ADDRESS (If rural, give location) <b>Hartville R.F.D.#2</b> <span style="float:right">1140</span>										
3. NAME OF DECEASED (Type or Print) <b>Charles W. Smith</b>			a. (First) <b>Charles</b>			b. (Middle) <b>W.</b>			c. (Last) <b>Smith</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>August 28, 1956</b>		
5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		8. DATE OF BIRTH <b>January 17, 1897</b>		9. AGE (In years last birthday) <b>59</b>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 100 HRS. Hours _____ Min. _____		
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 _____				11. BIRTHPLACE (City and State or Foreign Country) <b>Williford, Arkansas</b>			12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>			
13a. FATHER'S NAME <b>Clint Smith</b>				13b. MOTHER'S MAIDEN NAME <b>Julia Hoslip</b>				14. NAME OF HUSBAND OR WIFE <b>Edna Walls Smith</b>						
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>Yes</b> (If yes, give war or date of service) <b>World war I</b>				16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <b>Mrs Edna Smith -- Hartville, Missouri</b> ADDRESS _____								
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, asthenia, etc. It means the disease, injury, or complication which caused death.</i>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary Thrombosis</b>								INTERVAL BETWEEN ONSET AND DEATH <b>Sudden</b>				
		*Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) _____  DUE TO (c) _____												
		II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>												
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____								20. AUTOPSY? <b>YES</b> <input type="checkbox"/> <b>NO</b> <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) <b>Hartville, Wright, Missouri</b>										
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? _____										
22. I hereby certify that I attended the deceased from <b>6-1</b> , <b>1851</b> , to <b>7-28</b> , <b>1956</b> , that I last saw the deceased alive on <b>7-28</b> , <b>1956</b> , and that death occurred at <b>8:30 AM</b> , from the causes and on the date stated above.														
23a. SIGNATURE (Degree or title) <b>W.B. Craig D.O.</b>				23b. ADDRESS <b>Mountain Grove Mo.</b>				23c. DATE SIGNED <b>8-31-56</b>						
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>August 30, 56</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Coon Creek Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Hartville, Missouri</b>								
DATE REC'D BY LOCAL REG. <b>8-31-56</b>		REGISTRAR'S SIGNATURE <b>E. Garner</b>				25. FUNERAL DIRECTOR'S SIGNATURE <b>Rev. Bush</b> ADDRESS <b>Wright, Mo.</b>								

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

346

SEP 17 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 .....  
Student Embalmer

Signed George Stepp

Licensed Embalmer No. 3161

P. O. Address Wm. Grove, Md

**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 this body is not embalmed, fact should be so stated above.