

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

STATE **28250**
REGISTRATION DISTRICT NO. **43** Primary Registration District No. **3007** Registrar's No. **530**

FILED NOV 13 1956

Health, Welfare
Public Service

300
1-56

All symptoms will be listed. -All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY Butler		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Butler	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Poplar Bluff Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN Poplar Bluff Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Poplar Bluff Hosp. Length of stay in 1b 8 wks.		d. STREET ADDRESS (If outside, give location) Gen. Del. Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First HAZEL Middle EVELYN Last SMITH FLATT			4. DATE OF DEATH Month Oct. Day 23 Year 1956
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Dec. 3, 1930
9. AGE (In years last birthday) 25		IF UNDER 1 YEAR Months 0 Days 12 Hours 0 Min. 0	IF UNDER 24 HRS. Hours 0 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 country) Holcomb, Missouri
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13. FATHER'S NAME W. E. Smith	
14. MOTHER'S MAIDEN NAME Martha Williams		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. Unknown		17. INFORMANT Mrs. W. E. Smith, Holcomb, Mo. Rte. 1 Address	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c.)] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Neurovages, severe, liver Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Rupture, liver thru & thru. DUE TO (c) Abscess, sub-diaphragmatic right			INTERVAL BETWEEN ONSET AND DEATH 4 or 5 minutes 80 days. 60 days.
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input checked="" 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.) Truck overturned on patient 32		
20c. TIME OF INJURY Hour 5-p.m. Month 7 Day 27 Year 56	20d. INJURY OCCURRED WHILE AT WORK <input checked="" 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.) High way	20f. CITY, TOWN, OR LOCATION Bellville	CITY St Clair	STATE Ill.
21. I attended the deceased from 8-24-56 to 10-23-56 and last saw her/him alive on 10-22-56 Death occurred at 12:45 AM m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Dr. W. E. Smith		22b. ADDRESS Poplar Bluff, Mo	22c. DATE SIGNED 10-26-56
23a. BURIAL, CREMATION, BURNING (Specify) Burial	23b. DATE Oct. 24, 1956	23c. NAME OF CEMETERY OR CREMATORY Woodlawn Cemetery	23d. LOCATION (City, town, or county) (State) Campbell, Missouri
24. FUNERAL DIRECTOR Landes Funeral Home, Campbell, Mo		25. DATE RECD. BY LOCAL REG. 11/1/56	26. REGISTRAR'S SIGNATURE W. E. Smith

RECEIVED
NOV 4 1956

BUTLER CO. HEALTH DEPT

FILE No.

NOV 7 1956

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 *Christina M. Land*

Licensed Embalmer No. *422*

P. O. Address... *Camp Hill*

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.