

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

33376

FILED NOV 13 1956

4082 State File No.

BIRTH NO. _____ REG. DIST. NO. 55 PRIMARY REG. DIST. NO. ~~257~~ Registrar's No. 94

1. PLACE OF DEATH a. COUNTY CARROLL.		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY CARROLL.	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Bogard Mo.		c. CITY OR TOWN Bogard Mo	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) 34yrs		e. STREET ADDRESS (If rural, give location) c.74 0170	
d. FULL NAME OF HOSPITAL OR INSTITUTION no.			

3. NAME OF DECEASED (Type or Print) a. (First) George Washington b. (Middle) Smith. c. (Last) Smith.			4. DATE OF DEATH (Month) (Day) (Year) NOV 3 1956.			
5. SEX MALE		6. COLOR OF RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed.		
8. DATE OF BIRTH Aug 24. 1894		9. AGE (In years last birthday) 62		10. IF UNDER 1 YEAR Months 2 Days 9 Hours 15 Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) U.S. MAIL CARRIER		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) Missouri.		
12. CITIZEN OF WHAT COUNTRY? U.S.						

13a. FATHER'S NAME George W. Smith.		13b. MOTHER'S MAIDEN NAME SARA MARTIN.		14. NAME OF HUSBAND OR WIFE Laura Riddle Neenan.	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) YES. W. War I		16. SOCIAL SECURITY NO. 500-09-8850		17. INFORMANT'S SIGNATURE OR NAME Betty Swadley ADDRESS Sunflower, Kansas.	

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, asthma, etc. It means the disease, injury, or complication which caused death.</i>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Apoplexy		INTERVAL BETWEEN ONSET AND DEATH	
		ANTECEDENT CAUSES Morbid 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 Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <input checked="" type="checkbox"/>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <input checked="" type="checkbox"/>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Bogard CARROLL Mo.	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) <input checked="" type="checkbox"/>		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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at **9 A. m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Roy Dickerson		23b. ADDRESS Coxsack Bogard Mo.		23c. DATE SIGNED Nov-4-1956	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL.		24b. DATE Nov. 6 - 1956		24c. NAME OF CEMETERY OR CREMATORIUM Bellevue	
24d. LOCATION (City, town, or county) (State) Springfield, Mo		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Dickerson Funeral Home Bogard, Mo.			
DATE REC'D BY LOCAL REG. 11-5-56		REGISTRAR'S SIGNATURE Wm Herbert Calvert			

(Licensed Embalmer's Statement on Reverse Side)

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

450

JUN 1 1958

JUN 2 1958

JUN 10 1958

JUN 16 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 Signature of Student Embalmer

Signed *P. M. Marshall*

Licensed Embalmer No. *2524*

P. O. Address *Carrollton*

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.