

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **33565**

FILED NOV 13 1956

BIRTH NO. _____ REG. DIST. NO. **108** PRIMARY REG. DIST. NO. **479** Registrar's No. **15**

1. PLACE OF DEATH a. COUNTY Dunklin		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY Dunklin	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Senath		c. CITY OR TOWN Senath	d. Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION		e. STREET ADDRESS (If rural, give location) 0350	

3. NAME OF DECEASED (Type or Print)	a. (First) Dock	b. (Middle) Gilbert	c. (Last) Smith	4. DATE OF DEATH (Month) (Day) (Year) 10 - 15 - 1956
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Dec. 24 1893	9. AGE (In years last birthday) 62	IF UNDER 1 YEAR Months	IF UNDER 2 HRS. Hours	IF UNDER 15 MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Merchant	10b. KIND OF BUSINESS OR INDUSTRY Liquor Store	11. BIRTHPLACE (City and State or Foreign Country) Tenn.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME James B. Smith	13b. MOTHER'S MAIDEN NAME ETTA Dyer Smith	14. NAME OF HUSBAND OR WIFE Jessie Woods Smith
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes. W.W.I.	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME Jessie Smith	ADDRESS Senath, Mo.
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral vascular accident		INTERVAL BETWEEN ONSET AND DEATH 4 mos.
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Diabetes mellitus		
	DUE TO (c) Generalized arteriosclerosis		
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"/>
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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) 260X
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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?
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22. I hereby certify that I attended the deceased from **Aug**, 19**50**, to **Oct 15**, 19**56**, that I last saw the deceased alive on **Oct 1**, 19**56**, and that death occurred at **9:45 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE Eber M. Muller J. M.D. (Degree or title)	23b. ADDRESS Senath, Mo.	23c. DATE SIGNED 10-23-56
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 10-17-1956	24c. NAME OF CEMETERY OR CREMATORY Mc Grew Cemetery	24d. LOCATION (City, town, or county) (State) Senath Mo
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DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE Nov. 1 56 Mrs. J. H. Lawrence	25. FUNERAL DIRECTOR'S SIGNATURE McDaniel	ADDRESS Funeral Serv. Senath, Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

91-6

RECEIVED DUNKLIN COUNTY HEALTH
DEPARTMENT 11-10-56
COUNTY FILE NUMBER 1156-41

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.....
Edwin L. Lamm

Licensed Embalmer No..... 484

P. O. Address.....
Senath

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.