

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

33615

State File No.

FILED NOV 5 - 1956

BIRTH NO.		REG. DIST. NO. <u>120</u>		PRIMARY REG. DIST. NO. <u>4197</u>		Registrar's No. <u>90</u>	
1. PLACE OF DEATH a. COUNTY <u>GENTRY</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE <u>MISSOURI</u> b. COUNTY <u>GENTRY</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>STANBERRY</u>		c. LENGTH OF STAY (In this place) <u>24 yrs</u>		c. CITY OR TOWN <u>STANBERRY</u>		d. Is 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 <u>311 N. Willow</u>				e. STREET ADDRESS (If rural, give location) <u>311 N. Willow</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>LAWRENCE</u> b. (Middle) <u>PROCTOR</u> c. (Last) <u>SMITH</u>				4. DATE OF DEATH (Month) (Day) (Year) <u>Oct 15, 1956</u>			
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>WHT.</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>		8. DATE OF BIRTH <u>FEB 20, 1886</u>	
9. AGE (In years last birthday) <u>70</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>TRUCKING</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>HAULING</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>DENVER, MO</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>DANIEL SMITH</u>		13b. MOTHER'S MAIDEN NAME <u>THOMPSON</u>		14. NAME OF HUSBAND OR WIFE <u>Mrs. Violet F. Smith</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. <u>499-20-2987</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Violet F. Smith, Stanberry, Mo.</u>			
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, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial Infarction</u>				INTERVAL BETWEEN ONSET AND DEATH <u>Instant</u>			
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Coronary arteriosclerosis</u>				6 wks. Plus			
DUE TO (c) <u>Arteriosclerosis general</u>				Unk.			
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		4201		20. AUTOPSY? YES <input type="checkbox"/> NO <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)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>9-11-56</u> , to <u>10-12-56</u> , that I last saw the deceased alive on <u>10-12-56</u> , 19 <u>56</u> , and that death occurred at <u>6-30 Pm.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>W. C. Senne md</u>				23b. ADDRESS <u>207 P and S. Bldg. St. Joseph, Missouri</u>		23c. DATE SIGNED <u>10-26-56</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>Oct 17, 1956</u>		24c. NAME OF CEMETERY OR CREMATORY <u>FLETCHALL</u>		24d. LOCATION (City, town, or county) (State) <u>N.E. of GRANT CITY, MO</u>	
DATE REC'D BY LOCAL REG. <u>Oct 29-1956</u>		REGISTRAR'S SIGNATURE <u>Maudie Williams</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Ross E. Johnson, Stanberry, Mo</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

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 *Lesso Evan Johnson*

Licensed Embalmer No. *4948*

P. O. Address *Stanberry*

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.