

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

**FILED NOV 1 - 1956**

State File No. **34696**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **385** PRIMARY REG. DIST. NO. **3039** Registrar's No. **184**

<b>1. PLACE OF DEATH</b> a. COUNTY <b>Linn</b>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission) a. STATE <b>Mo</b> b. COUNTY <b>Linn</b>	
b. CITY OR TOWN <b>Marceline</b>	c. LENGTH OF STAY (in this place) <b>460.</b>	c. CITY OR TOWN <b>marceline</b>	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 <b>St Francis Hosp.</b>		e. STREET ADDRESS (If rural, give location) <b>302 W. Lake</b>	

<b>3. NAME OF DECEASED</b> (Type or Print) <b>MRYTLE</b>	a. (First)	b. (Middle)	c. (Last) <b>Smart</b>	<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <b>10 9 56</b>
<b>5. SEX</b> <b>F</b>	<b>6. COLOR OR RACE</b> <b>W</b>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify) <b>W</b>	<b>8. DATE OF BIRTH</b> <b>4/17/1870</b>	<b>9. AGE</b> (In years last birthday) <b>86</b>
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <b>None</b>	<b>10b. KIND OF BUSINESS OR INDUSTRY</b>	<b>11. BIRTHPLACE</b> (City and State or Foreign Country) <b>Chamberburg, Mo</b>		<b>12. CITIZEN OF WHAT COUNTRY?</b> <b>U.S.A.</b>

<b>13a. FATHER'S NAME</b> <b>Thomas Gordon</b>	<b>13b. MOTHER'S MAIDEN NAME</b> <b>Mary Nanes</b>	<b>14. NAME OF HUSBAND OR WIFE</b> <b>Francis (dec)</b>
<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service)	<b>16. SOCIAL SECURITY NO.</b>	<b>17. INFORMANT'S SIGNATURE OR NAME</b> ADDRESS

<b>18. CAUSE OF DEATH</b> 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.	<b>MEDICAL CERTIFICATION</b>		<b>INTERVAL BETWEEN ONSET AND DEATH</b>
	<b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <b>Mycobacterial infection</b>		
	<b>ANTECEDENT CAUSES</b> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Coronary Occlusion</b> DUE TO (c) <b>Arteriosclerotic Cardio-vascular Disease</b>		
<b>II. OTHER SIGNIFICANT CONDITIONS</b> *Conditions contributing to the death but not related to the disease or condition causing death. <b>Hypertensive atherosclerosis - severe. Pneumonia due to cardiac decompensation</b>			

<b>19a. DATE OF OPERATION</b>	<b>19b. MAJOR FINDINGS OF OPERATION</b>	<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)	<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)	<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b> <b>4201</b>
<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) (Min.)	<b>21e. INJURY OCCURRED</b> WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	<b>21f. HOW DID INJURY OCCUR?</b>

**22. I hereby certify that I attended the deceased from Jan, 1956, to Oct 9, 1956, that I last saw the deceased alive on Oct 9, 1956, and that death occurred at 2 P.M., from the causes and on the date stated above.**

<b>23a. SIGNATURE</b> <b>George Goryun</b> (Degree or title)	<b>23b. ADDRESS</b> <b>Marceline Missouri</b>	<b>23c. DATE SIGNED</b> <b>10-10-56</b>
<b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify) <b>B</b>	<b>24b. DATE</b> <b>10-12-56</b>	<b>24c. NAME OF CEMETERY OR CREMATORY</b> <b>Oakland</b>
<b>24d. LOCATION</b> (City, town, or county) (State) <b>Ft. Madison, Iowa</b>	<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> ADDRESS <b>James M. Laughlin Marceline, Mo</b>	
<b>DATE REC'D BY LOCAL REG.</b> <b>Oct-11-1956</b>	<b>REGISTRAR'S SIGNATURE</b> <b>Brookie Owens</b>	

(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 *George D. Trammell*.....

Licensed Embalmer No. *4425*.....

P. O. Address *Marceline, La.*.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitute's 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.