

FILED DEC 10 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **37444**
153
Registrar's No. ~~153~~

BIRTH NO. _____ REG. DIST. NO. **82** PRIMARY REG. DIST. NO. **3017**

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

1. PLACE OF DEATH a. COUNTY Cooper		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Cooper	
b. CITY (If outside corporate limits, write RURAL and give township) Boswille	c. LENGTH OF STAY (in this place) 1 mo	c. CITY OR TOWN Pilot Grove	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 Hays Convalescent Home		e. STREET ADDRESS (If rural, give location) —	

3. NAME OF DECEASED a. (First) BIRDIE b. (Middle) — c. (Last) SMITH			4. DATE OF DEATH (Month) (Day) (Year) Nov. 28, 1956		
5. SEX Female	6. COLOR OR RACE wh	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) unwedded	8. DATE OF BIRTH unknown approx 80	9. AGE (in years last birthday) 80	IF UNDER 1 YEAR: Months Days IF UNDER 100 HRS: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, or if retired) housewife		10b. KIND OF BUSINESS OR INDUSTRY same	11. BIRTHPLACE (City and State or Foreign Country) Pilot Grove, Mo		12. CITIZEN OF WHAT COUNTRY? U. S. A.

13a. FATHER'S NAME unknown		13b. MOTHER'S M maiden NAME unknown		14. NAME OF HUSBAND OR WIFE unknown	
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. —	17. INFORMANT'S SIGNATURE OR NAME ADDRESS H. E. Cole Prairie Home, Mo			

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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arterio-sclerosis		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) Senility			
		DUE TO (c)			
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. H50.0			

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)	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)	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 **Sept 5, 1956** to **Nov 28, 1956**, that I last saw the deceased alive on **Nov 28, 1956**, and that death occurred at **10:40 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or Title) M. L. Deercroeger M.D.		23b. ADDRESS Boswille Mo.		23c. DATE SIGNED 11/29/56	
24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE Dec 1, 56	24c. NAME OF CEMETERY OR CREMATORY Mt. Vernon Cem.	24d. LOCATION (City, town, or county) (State) Pilot Grove, Mo.		
DATE REC'D BY LOCAL REG. 12/1/56	REGISTRAR'S SIGNATURE H. Hooper		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Hays Painter, Pilot Grove, Mo.		

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..... *Robert L. Painter*

Licensed Embalmer No. *406*

P. O. Address *Pilot Grove*

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.