

FILED DEC 5 - 1956

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

State File No. **37561**

BIRTH NO. _____		REG. DIST. NO. <u>114</u>		PRIMARY REG. DIST. NO. <u>486</u>		Registrar's No. <u>51</u>			
1. PLACE OF DEATH a. COUNTY <u>FRANKLIN</u>				2. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission). a. STATE <u>MISSOURI</u>				b. COUNTY <u>CRAWFORD</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>SULLIVAN</u>		c. LENGTH OF STAY (in this place) _____		c. CITY OR TOWN <u>RURAL-OSAGE TWP.</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>IN ROUTE TO ST. LOUIS, MO.</u>				e. STREET ADDRESS (If rural, give location) <u>3 MI. Sg. OF CHERRYVILLE, MO.</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>CHESTER</u>			b. (Middle) <u>RAY</u>			c. (Last) <u>SMITH</u>			
4. DATE OF DEATH (Month) (Day) (Year) <u>Nov 16-1956</u>		5. SEX <u>MALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>		8. DATE OF BIRTH <u>MAY 18-1894</u>	
9. AGE (In years last birthday) <u>62</u>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 2 WEEKS Hours _____ Min. _____		11. BIRTHPLACE (City and State or Foreign Country) <u>ARGENTA, ILLINOIS</u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>LABORER</u>			10b. KIND OF BUSINESS OR INDUSTRY _____			12. CITIZEN OF WHAT COUNTRY? <u>USA</u>			
13a. FATHER'S NAME <u>ELMER SMITH</u>			13b. MOTHER'S MAIDEN NAME <u>ETTA DUNBAR</u>			14. NAME OF HUSBAND OR WIFE <u>GENEVIEVE SMITH</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>YES</u>			16. SOCIAL SECURITY NO. <u>498-16-3815</u>			17. INFORMANT'S SIGNATURE OR NAME <u>GENEVIEVE SMITH - CHERRYVILLE, MO.</u>			
18. ADDRESS <u>WWT</u>			19. MEDICAL CERTIFICATION			20. INTERVAL BETWEEN ONSET AND DEATH <u>6 days</u>			
19. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))			I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Influenza Pneumonia</u>						
			*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.						
			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 <u>480X</u>						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 <u>Apr. 13</u> , 19 <u>56</u> , to <u>Nov 13</u> , 19 <u>56</u> , that I last saw the deceased alive on <u>Nov 13</u> , 19 <u>56</u> , and that death occurred at <u>2:20 P. M.</u> , from the causes and on the date stated above.									
23a. SIGNATURE <u>[Signature]</u>			(Degree or title) <u>Dr. A</u>			23b. ADDRESS <u>Steelville Mo</u>		23c. DATE SIGNED <u>11/26/56</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>Nov 20-1956</u>		24c. NAME OF CEMETERY OR CREMATORY <u>NATIONAL CEMETERY</u>		24d. LOCATION (City, town, or county) (State) <u>JEFFERSON BARRACKS, MO.</u>			
DATE REC'D BY LOCAL REG. <u>11-20-56</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u>			25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u>				
					ADDRESS <u>STEELVILLE, MO.</u>				

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

496

DEC 5 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 *John S. Bennett*

Licensed Embalmer No. *419*  
P. O. Address *St. Louis*

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.