

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **37846**

FILED NOV 19 1956

BIRTH NO. _____ REG. DIST. NO. 144 PRIMARY REG. DIST. NO. 4234 Registrar's No. 97

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

1. PLACE OF DEATH a. COUNTY <u>Iron</u> b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Ironton</u> c. LENGTH OF STAY (In this place) <u>26/Days</u> d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Marys</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Washington</u> c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Potosi</u> d. STREET ADDRESS (If rural, give location) <u>105 Clark St.</u>		
3. NAME OF DECEASED a. (First) <u>Mary</u> b. (Middle) <u>Magdalene</u> c. (Last) <u>Smith</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>II 7 56</u>			
5. SEX <u>female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>12/5/1905</u>	9. AGE (In years last birthday) <u>50</u> If UNDER 1 YEAR: Months <u>II</u> Days <u>2</u> If UNDER 1 MO. Hours _____ Mins. _____	
10a. USUAL OCCUPATION (One kind of work done during most of working life, even if retired) <u>Funeral Director</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Under-taking</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Pennsylvania</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>Andrew Gall</u>		13b. MOTHER'S MAIDEN NAME <u>Anna Leonard</u>		14. NAME OF HUSBAND OR WIFE <u>Arthur Smith Potosi, Mo</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Arthur W. Smith Potosi, 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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Bilateral pulmonary carcinoma with cerebral metastasis</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>5 mo</u>
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) <u>Ironton, Washington, Missouri</u>		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) _____	
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>10-12, 1956</u>, to <u>11-7, 1956</u>, that I last saw the deceased alive on <u>11-7-56</u>, 19<u>56</u>, and that death occurred at <u>2:35 A.M.</u>, from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) <u>P. S. Jarland, M.D.</u>			23b. ADDRESS <u>Ironton, Mo</u>		23c. DATE SIGNED <u>11-9-56</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>11/9/56</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Masonic Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Potosi Mo.</u>	
DATE REC'D BY LOCAL REG. <u>11-9-56</u>	REGISTRAR'S SIGNATURE <u>Mrs. Aris Jones</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Ch. Howell</u>		ADDRESS <u>Ironton, Mo</u>

(Licensed Embalmer's Statement on Reverse Side)

196. 4 E 1007

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, ~~on~~ by _____

Student Embalmer No. _____

working under my personal supervision.

Student

Student Embalmer

Signed

C. R. Howell

Licensed Embalmer No. 3670

P. O. Address Proctor, Mo

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 this body is not embalmed, fact should be so stated above.