

Health, Welfare and Public Service
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 1-56
 Doctor, coroner, etc. must use only standard nomenclature in item 10. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.
 USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

FILED DEC 12 1956

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

38823

STATE FILE NUMBER

Registration District No. 218 Primary Registration District No. 5789 Registrar's No. 44

1. PLACE OF DEATH a. COUNTY Mississippi			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Mississippi		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN East Prairie, St James		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN East Prairie, Mo.		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Home			d. STREET ADDRESS 2 miles S. W. of E. Ex		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) Samuel Edward Smith			4. DATE OF DEATH Nov. 24, 1956		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH April 27, 1875	9. AGE (In years last birthday) 81	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ret. Farmer		10b. KIND OF BUSINESS OR INDUSTRY Self	11. BIRTHPLACE (City and state or country) Jerseyville, Illinois		12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME John Smith			14. MOTHER'S MAIDEN NAME 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. 498-24-1977	17. INFORMANT Address Mrs. Jesse Gaines, East Prairie, Mo.		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral (vascular) accident					INTERVAL BETWEEN ONSET AND DEATH 12 R
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Hypertension					?
DUE TO (c) Arteriosclerosis					?
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) 331X					19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)			
20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m.					
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from September 18, 1956 to November 7, 1956 and last saw ^{him} him alive on November 7, 1956 . Death occurred at 7 a. m. on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <i>Edmond Demerscourt</i>			22b. ADDRESS <i>Charleston, Mo.</i>		22c. DATE SIGNED 26 Nov 56
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 11/25/1956	23c. NAME OF CEMETERY OR CREMATORY Dogwood, Cemetery		23d. LOCATION (City, town, or county) (State) Dogwood, Missouri
24. FUNERAL DIRECTOR Mc Mickle Funeral Home E. P. Mo.		ADDRESS 12-1-56		25. DATE RECD. BY LOCAL REG. 12-1-56	
26. REGISTRAR'S SIGNATURE <i>Gertrude L. Harper</i>					

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
Miss. Co. H
County File N
Date Filed

RECEIVED
Miss. Co. Health Dept
County File No. _____
Date Filed _____

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em
by me, or by _____, Student Embalmer No. _____
working under my personal supervision..

Student _____
Signature of Student Embalmer

Signed *[Handwritten Signature]*
Licensed Embalmer No. *46*
P. O. Address *[Handwritten Address]*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.