

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **42575**

FILED JAN 15 1957

BIRTH NO. _____ REG. DIST. NO. **314** PRIMARY REG. DIST. NO. **6066** Registrar's No. **28**

1. PLACE OF DEATH a. COUNTY St. Clair		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). - a. STATE Missouri COUNTY St. Clair	
b. CITY (If outside corporate limits, write RURAL and give town) OR TOWN Gerster-Dalbert		c. CITY OR TOWN Gerster	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) years		e. STREET ADDRESS (If rural, give location) 0930	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print)	a. (First) Hezekiah	b. (Middle) M.	c. (Last) Smith	4. DATE OF DEATH (Month) (Day) (Year) Dec; 16, 1956
-------------------------------------	----------------------------	-----------------------	------------------------	--

5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH March 30, 1872	9. AGE (In years last birthday) 84	IF UNDER 1 YEAR Months	IF UNDER 2 HRS. Hours	Min.
--------------------	-------------------------------	---	--	---	------------------------	-----------------------	------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) Arkansas	12. CITIZEN OF WHAT COUNTRY? USA
---	-----------------------------------	--	---

13a. FATHER'S NAME Reason L. Smith	13b. MOTHER'S MAIDEN NAME Rebecca Lewis	14. NAME OF HUSBAND OR WIFE Deceased
---	--	---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. one	17. INFORMANT'S SIGNATURE OR NAME William Smith, Gerster Missouri	ADDRESS
---	------------------------------------	--	---------

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		INTERVAL BETWEEN ONSET AND DEATH 2 days
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Bronchitis		
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) prostate hypertrophy DUE TO (c) Smoking		
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	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) 610X
--	--	---

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR?
--	---	----------------------------

22. I hereby certify that I attended the deceased from **Jan 15, 1956**, to **Dec 16, 1956** that I last saw the deceased alive on **Dec 15, 1956**, and that death occurred at **5:00 am.**, from the cause and on the date stated above.

23a. SIGNATURE J. E. Benge	(Degree or title) MD	23b. ADDRESS Wheatland Missouri	23c. DATE SIGNED 12/17/56
-----------------------------------	-----------------------------	--	----------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 12/17/56	24c. NAME OF CEMETERY OR CREMATORY Kings Prairie	24d. LOCATION (City, town, or county) (State) Gerster Missouri
---	---------------------------	---	---

DATE REC'D BY LOCAL REG. 1-7-57	REGISTRAR'S SIGNATURE John Seavers	25. FUNERAL DIRECTOR'S SIGNATURE Goodrich Funeral Home	ADDRESS Osceola Mo
--	---	---	---------------------------

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

28

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 *J. B. Goodrich*.....

Licensed Embalmer No. *3038*.....

P. O. Address *Ceresola*.....

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.