

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED JAN 16 1957

State File No. **44678**

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

BIRTH NO. _____		REG. DIST. NO. <u>140</u>		PRIMARY REG. DIST. NO. <u>4229</u>		Registrar's No. <u>127</u>			
1. PLACE OF DEATH a. COUNTY <u>Howard</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Howard</u>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>New Franklin</u>		c. LENGTH OF STAY (In this place) <u>45 yr</u>		c. CITY OR TOWN <u>New Franklin</u>		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 <u>at home</u>				STREET ADDRESS (If rural, give location) <u>Chiltons Place</u> <u>2450</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>George Angus</u> b. (Middle) <u>Smith</u> c. (Last) <u>Smith</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Dec. 25-1956</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>June 24-1884</u>		9. AGE (In years last birthday) <u>72</u>		if UNDER 1 YEAR Months Days		if UNDER 24 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>R.R. Engineer</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>R.R. M.K.S.</u>			11. BIRTHPLACE (City and State or Foreign Country) <u>Wilton, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Thomas Smith</u>			13b. MOTHER'S MAIDEN NAME <u>American Crump</u>			14. NAME OF HUSBAND OR WIFE <u>May Bennett Frank</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. <u>702-10-2739</u>		17. INFORMANT'S SIGNATURE OR NAME <u>K. E. Smith</u>				ADDRESS <u>New Franklin 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>Cerebral hemorrhage</u>				INTERVAL BETWEEN ONSET AND DEATH <u>3 yrs.</u>	
				ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis + diabetes</u>					
				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>260x</u>						20. AUTOPSY? <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>Nov. 8</u> , 19 <u>55</u> , to <u>Dec 25</u> , 19 <u>56</u> , that I last saw the deceased alive on <u>Dec 22</u> , 19 <u>56</u> , and that death occurred at <u>8:30 A.M.</u> , from the causes and on the date stated above.									
23a. SIGNATURE <u>Mrs. J. Shaw</u>				(Degree or title) <u>M.P.</u>		23b. ADDRESS <u>Fayette Mo.</u>		23c. DATE SIGNED <u>12-31-56</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Dec. 27-56</u>		24c. NAME OF CEMETERY OR CREMATORY <u>mt. Pleasant Cem</u>		24d. LOCATION (City, town, or county) (State) <u>New Franklin Mo</u>			
DATE REC'D BY LOCAL REG. <u>12-31-56</u>		REGISTRAR'S SIGNATURE <u>Mary L. Shell</u>			25. FUNERAL DIRECTOR'S SIGNATURE <u>W. L. Shell</u>				
					ADDRESS <u>New Franklin Mo.</u>				

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..... *W. R. Hall*

Licensed Embalmer No. *3515*

P. O. Address *New France*

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.