

FILED FEB 5 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER

3557

Registration District No. 374 Primary Registration District No. 6276 Registrar's No. 9

1. PLACE OF DEATH a. COUNTY <u>Worth County Missouri</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Nodaway</u>			
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Union (Rural)</u> <u>6276</u> Inside Limits <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				c. CITY OR TOWN <u>Guilford Missouri</u> Inside Limits <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
c. FULL NAME OF (If NOT in hospital, give location) <u>1 mile north of Isadora</u> Length of stay in lb <u>2 days</u>				d. STREET ADDRESS (If outside, give location) <u>2 miles southwest</u> Reside on Farm <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
3. NAME OF DECEASED (Type or print) First <u>Samuel</u> Middle <u>Bertie</u> Last <u>Smith</u>				4. DATE OF DEATH <u>January-6-1957</u>			
5. SEX <u>male</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <u>April 4-1885</u>	
9. AGE (In years last birthday) <u>71</u>		IF UNDER 1 YEAR Months <u>9</u> Days <u>2</u> Hours <u></u> Min. <u></u>		IF UNDER 24 HRS. Hours <u></u> Min. <u></u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>farming</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>farming</u>		11. BIRTHPLACE (City and state or country) <u>Worth County Missouri</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>							
13. FATHER'S NAME <u>W. R. Smith</u>				14. MOTHER'S MAIDEN NAME <u>Mary Yokem</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>491-28-2445</u>		17. INFORMANT <u>Retha Smith Guilford Missouri</u> Address <u></u>			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Acute Coronary Occlusion</u> <u>Arteriosclerosis Generalized</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u></u> DUE TO (c) <u></u>							INTERVAL BETWEEN ONSET AND DEATH <u>15 Min</u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(n) <u>4201</u>							19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" 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 <u></u> Month, Day, Year <u></u> a. m. <u></u> p. m. <u></u>							
20d. INJURY OCCURRED WHILE AT <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		
Patient Dead on Arrival, estimated time of death							
21. I attended the deceased from <u>12:30 A M</u> to <u></u> and last saw her alive on <u></u> Death occurred at <u></u> m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <u>Frank B. Matteson Jr. Coroner</u>			22b. ADDRESS <u>Grant City Mo.</u>			22c. DATE SIGNED <u>1/21 /57</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>Jan 6-1957</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Brotherhood Cemetery</u>		23d. LOCATION (City, town, or county) (State) <u>Sheridan Mo (Country)</u>	
24. FUNERAL DIRECTOR <u>John Andrews</u>		ADDRESS <u>Grant City Mo</u>		25. DATE RECD. BY LOCAL REG. <u>Jan. 31. 1957</u>		26. REGISTRAR'S SIGNATURE <u>Retha E. Dawson</u>	

(Licensed Embalmer's Statement on Reverse Side)

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 John Andrews, Student Embalmer No. working under my personal supervision.

Student.....
Signature of Student Embalmer

Signed.....John Andrews
Licensed Embalmer No. 42

P. O. Address Grant Co.

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.