

STANDARD CERTIFICATE OF DEATH

FILED MAR 20 1957

State File No.

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

BIRTH NO.		REG. DIST. NO. ¹⁰⁻⁵⁻⁸¹³ 4267		PRIMARY REG. DIST. NO. ³⁰⁰² 233		Registrar's No. ⁵	
1. PLACE OF DEATH a. COUNTY Audrain				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death) a. STATE Missouri b. COUNTY Montgomey			
b. CITY (If outside corporate limits, write RURAL and give town) Mexico		c. LENGTH OF STAY (In institution) 20 minutes		c. CITY OR TOWN Wellsville		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION Audrain County Hospital				f. STREET ADDRESS (If rural, give location) 207 East Water			
3. NAME OF DECEASED (Type or Print)		a. (First) ROBERT		b. (Middle) YEAMAN		c. (Last) SMITH	
4. DATE OF DEATH		(Month)		(Day)		(Year)	
		Mar.		10		1957	
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH July 12 1870	
9. AGE (In years last birthday)		IF UNDER 1 YEAR		IF UNDER 4 HRS.			
88		Months 7 Days 26		Hours		Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Merchant			10b. KIND OF BUSINESS OR INDUSTRY Hardware			11. BIRTHPLACE (City and State or Foreign Country) Pike County, Mo	
12. CITIZEN OF WHAT COUNTRY? U. S. A.		13a. FATHER'S NAME Green B. Smith		13b. MOTHER'S MAIDEN NAME Drucilla Price		14. NAME OF HUSBAND OR WIFE Mrs. Allena Smith	
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. none		17. INFORMANT'S SIGNATURE OR NAME Mrs. R. Y. Smith		ADDRESS Wellsville Mo	
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerosis 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 8-10 hrs.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? ² 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)		4201	
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 3-10-1957, to 3-10-1957, that I last saw the deceased alive on 3-10-1957, and that death occurred at 8 AM m., from the causes and on the date stated above.							
23a. SIGNATURE Frank Kelley MD				23b. ADDRESS Mexico, Mo.		23c. DATE SIGNED 3-12-57	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 3/22/57		24c. NAME OF CEMETERY OR CREMATORY Wellsville Cemetery		24d. LOCATION (City, town, or county) (State) Wellsville, Missouri	
DATE REC'D BY LOCAL REG. 3-16-57		REGISTRAR'S SIGNATURE Antonio Romano		25. FUNERAL DIRECTOR'S SIGNATURE H. G. Heltz			

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 *A. B. Bellas* _____

Licensed Embalmer No. _____

P. O. Address *Hellville* _____

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.