

FILED APR 15 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **7609**

BIRTH NO. _____		REG. DIST. NO. 38		PRIMARY REG. DIST. NO. 3006		Registrar's No. 116	
1. PLACE OF DEATH a. COUNTY Boone				2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) a. STATE Missouri b. COUNTY Boone			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Columbia		c. LENGTH OF STAY (in this place) 0		c. CITY OR TOWN Brown Station		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 University Medical Center				e. STREET ADDRESS (If rural, give location) 0100			
3. NAME OF DECEASED (Type or Print) a. (First) John		b. (Middle) Henry		c. (Last) Smith		4. DATE OF DEATH (Month) (Day) (Year) Apr. 5-57	
5. SEX Male	6. COLOR OR RACE white	7. MARRIED NEVER MARRIED 3 D. DIVORCED (Specify) Divorced	8. DATE OF BIRTH 7-16-1880		9. AGE (In years last birthday) 73.6	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) FARMER		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and State or Foreign Country) Boone County		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME William Riley Smith		13b. MOTHER'S MAIDEN NAME Rachel Susan Burks		14. NAME OF HUSBAND OR WIFE _____			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) _____		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME ADDRESS George Smith Columbia, 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) Cardiac Arrest ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Old myocardial disease or pulm. Aspiration + impaired respiration DUE TO (c) Intestinal Abs. (No. Admine 72hr)				INTERVAL BETWEEN ONSET AND DEATH 3-5 min 1-2 hrs 72hr	
19a. DATE OF OPERATION none		19b. MAJOR FINDINGS OF OPERATION Extensive Ca of Bladder		20. AUTOPSY? <input type="checkbox"/> YES <input type="checkbox"/> NO			
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) 181X (COUNTY) _____ (STATE) _____			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ m. _____		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 4-5 , 19 57 , to 4-5 , 19 57 , that I last saw the deceased alive on 4-5 , 19 57 , and that death occurred at 4:20 p. m., from the causes and on the date stated above.							
23a. SIGNATURE George H. Smith (Degree or title) MD				23b. ADDRESS Univ. of Missouri Med Center		23c. DATE SIGNED _____	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 4-10-1957		24c. NAME OF CEMETERY OR CREMATORY Oakland Cemetery		24d. LOCATION (City, town, or county) Boone County (State) Mo	
DATE REC'D BY LOCAL REG. Apr 9, 1957		REGISTRAR'S SIGNATURE Mrs R E Palmer		25. FUNERAL DIRECTOR'S SIGNATURE Parker Funeral Service		ADDRESS Columbia, Missouri	

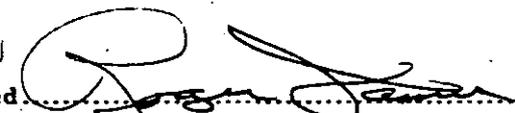
(Licensed Embalmer's Statement on Reverse Side)

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

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 .....

Licensed Embalmer No. 5010

P. O. Address Columbia, T

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.