

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

13842

State File No. ....

FILED APR 29 1957

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 179 PRIMARY REG. DIST. NO. 5667 Registrar's No. 52

1. PLACE OF DEATH a. COUNTY <b>Lincoln</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Lincoln</b>	
b. CITY (If outside corporate limits, write RURAL and give town) <b>Rural Bedford</b>		c. LENGTH OF STAY (In this place) <b>6da</b>	c. CITY OR TOWN
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Lincoln County Memorial Hosp.</b>		e. STREET ADDRESS (If rural, give location) <b>1 1/2 Miles East of Troy MO.</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>LEWIS RICHARD</b>	b. (Middle)	c. (Last) <b>SMITH</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>April 15, 1957</b>
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5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>April 25, 1889</b>	9. AGE (In years last birthday) <b>67</b>	IF UNDER 1 YEAR Months <b>11</b> Days <b>20</b>	IF UNDER 4 HRS. Hours <b></b> Min. <b></b>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Grocery Store Operator</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>(Ret) Retail</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Wayne City Ill.</b>	12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>
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13a. FATHER'S NAME <b>Calvin Smith</b>	13b. MOTHER'S MAIDEN NAME <b>Frances Cragil</b>	14. NAME OF HUSBAND OR WIFE <b>Stella Smith</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>War I</b>	16. SOCIAL SECURITY NO. <b>499-34-1627</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Stella Smith</b>	ADDRESS <b>Troy MO.</b>
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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 <b>ONE YEAR</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>BRONCHOGENIC CARCINOMA</b>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) _____  DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION <b>3/30/57</b>	19b. MAJOR FINDINGS OF OPERATION <b>BRONCHOGENIC CARCINOMA - METASTASES 162x</b>	20. AUTOPSY? <b>2</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from **DEC 3 1956**, to **April 15, 1957**, that I last saw the deceased alive on **APRIL 15, 1957**, and that death occurred at **8:00 P. m.**, from the causes and on the date stated above.

23a. SIGNATURE <b>Paul T. Berry</b> (Degree or title) <b>M.D.</b>	23b. ADDRESS <b>Troy, Mo.</b>	23c. DATE SIGNED <b>4/17/57</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>April 18, 1957</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Highland Prairie Cem.</b>	24d. LOCATION (City, town, or county) (State) <b>Lincoln County MO</b>
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DATE REC'D BY LOCAL REG. <b>4-2-57</b>	REGISTRAR'S SIGNATURE <b>Emma B. Riddle</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>D.W. McCarry</b>	ADDRESS <b>Troy Mo</b>
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(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD 0

162 0

APR 30 1951  
MAY 1 1951

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 *Wayne McEary*.....

Licensed Embalmer No. *3587*.....

P. O. Address *Troy Mo.*.....

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.