V.S. No. 300
Rev. 10.48

FILED MAY 6 - 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 13894

BIRTH NO. _____ REG. DIST. NO. 187 PRIMARY REG. DIST. NO. 5702 Registrar's No. 127

1. PLACE OF DEATH
a. COUNTY Livingston
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rural Mooresville Twp
c. LENGTH OF STAY (in this place) 40 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY Livingston
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) 0590
d. STREET ADDRESS (If rural, give location) S.W. of Mooresville, Mo.

3. NAME OF DECEASED (Type or Print)
a. (First) Cora
b. (Middle) N.
c. (Last) Smith

4. DATE OF DEATH (Month) (Day) (Year) April 29 1957

5. SEX Female
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH April 9- 1887
9. AGE (In years last birthday) 70 — 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) Housewife
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Dawn, Mo.
12. CITIZEN OF WHAT COUNTRY? U S A

13a. FATHER'S NAME Chas. Gilliland
13b. MOTHER'S MAIDEN NAME Elizebeth Semones
14. NAME OF HUSBAND OR WIFE Earl Smith - Husband

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No
(If yes, give war or dates of service) No
16. SOCIAL SECURITY NO. None
17. INFORMANT'S SIGNATURE OR NAME Earl Smith
ADDRESS Mooresville, 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, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 10 min.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Hypertension — 12 yrs.
DUE TO (c) Arterio-sclerosis — 25 yrs.

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 331x
20. AUTOPSY? YES ☐ 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) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Jan. 25, *19*56, *to* April 20, *19*57, *that I last saw the deceased alive on* April 20, *19*57, *and that death occurred at* 3:00A *m., from the causes and on the date stated above.*

23a. SIGNATURE Brady K. Fleming (Degree or title) DO
23b. ADDRESS Brookfield Mo
23c. DATE SIGNED 4-29-57

24a. BURIAL, CREMATION, REMOVAL (Specify) Buried
24b. DATE May 1 57
24c. NAME OF CEMETERY OR CREMATORY McCrosky Cem
24d. LOCATION (City, town, or county) (State) Ludlow Mo

DATE REC'D BY LOCAL REG. 4/30/57
REGISTRAR'S SIGNATURE Frances A. Neis
25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS Mead Funeral Service Chillicothe Mo

(Licensed Embalmer's Statement on Reverse Side)

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

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JUN 5 1957

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 .....
Student Embalmer

Signed Bernard F. Mead

Licensed Embalmer No. 2801

P. O. Address Graymer, 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 this body is not embalmed, fact should be so stated above.