

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED SEP 24 1957

State File No. 32731

BIRTH NO. _____		REG. DIST. NO. 226		PRIMARY REG. DIST. NO. 4336		Registrar's No. 31						
1. PLACE OF DEATH a. COUNTY <b>MONROE</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death) --a. STATE <b>MISSOURI</b> b. COUNTY <b>MONROE</b>								
b. CITY OR TOWN <b>HOLLIDAY</b>		c. CITY OR TOWN <b>HOLLIDAY</b>		c. LENGTH OF STAY (in this place) <b>30 YRS</b>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>						
d. FULL NAME OF HOSPITAL OR INSTITUTION _____				e. STREET ADDRESS (If rural, give location) _____								
3. NAME OF DECEASED (Type or Print) a. (First) <b>ORA</b>			b. (Middle) <b>MAY</b>		c. (Last) <b>SMITH</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>SEPT. 13, 1957</b>					
5. SEX <b>FEMALE</b>		6. COLOR OR RACE <b>WHITE</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>		8. DATE OF BIRTH <b>AUG 16, 1887</b>		9. AGE (In years last birthday) <b>70</b>				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>HOUSEWIFE</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>OWN HOME</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>HOLLIDAY, MO</b>			12. CITIZEN OF WHAT COUNTRY? <b>U. S. A.</b>					
13a. FATHER'S NAME <b>GEORGE W<sup>M</sup> HARTMAN</b>			13b. MOTHER'S MAIDEN NAME <b>ALICE SKEEN</b>			14. NAME OF HUSBAND OR WIFE <b>FRANK SMITH</b>						
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b>			16. SOCIAL SECURITY NO. <input checked="" type="checkbox"/>		17. INFORMANT'S SIGNATURE OR NAME <b>MRS. CHAS. GALLOP, MEXICO, MO.</b>			ADDRESS _____				
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Terminal Pneumonia</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Alcohol &amp; Stress</b> 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 <b>2 1/2 hrs</b> <b>21.15</b>				
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____						20. AUTOPSY? <b>2</b> 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) _____		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 <b>SEP 13, 1957</b> , to <b>SEP 13, 1957</b> , that I last saw the deceased alive on <b>SEPT 13<sup>TH</sup>, 1957</b> , and that death occurred at <b>7:00 P. M.</b> , from the causes and on the date stated above.												
23a. SIGNATURE <b>Wm M. Rignell</b> (Degree or title) <b>M.D.</b>						23b. ADDRESS <b>PARIS, MO.</b>			23c. DATE SIGNED <b>9-14-57</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		24b. DATE <b>9-15-57</b>		24c. NAME OF CEMETERY OR CREMATORY <b>BETHEL CEM.</b>			24d. LOCATION (City, town, or county) (State) <b>HOLLIDAY, MO.</b>					
DATE REC'D BY LOCAL REG. <b>9-17-57</b>		REGISTRAR'S SIGNATURE <b>Edna Robertson</b>			25. FEDERAL DIRECTOR'S SIGNATURE <b>Speed Blakey</b>			ADDRESS <b>PARIS, MISSOURI</b>				

(Licensed Embalmer's Statement on Reverse Side)

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

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SEP 25 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 me....., Student Embalmer No..... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed E.A. Ogden.....

Licensed Embalmer No. 4000

P. O. Address PARIS, MISSOURI

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.