

FILED DEC 31 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **44985**

BIRTH NO.		REG. DIST. NO. 181		PRIMARY REG. DIST. NO. 4293		Registrar's No. 5			
1. PLACE OF DEATH a. COUNTY LINCOLN				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission): —a.—STATE MISSOURI				b. COUNTY LINCOLN	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ELSBERRY		c. LENGTH OF STAY (In this place) YEARS		c. CITY OR TOWN ELSBERRY		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 200 David St.				e. STREET ADDRESS (If rural, give location) 200 David St.				0570	
3. NAME OF DECEASED (Type or Print) RICHARD		a. (First) REX		c. (Last) SMITH		4. DATE OF DEATH (Month) (Day) (Year) Nov. 19, 1957			
5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Sept. 22, 1903		9. AGE (In years last birthday) 54	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) Factory Supt. -ret.			10b. KIND OF BUSINESS OR INDUSTRY Wells Lamont Glove Factory		11. BIRTHPLACE (City and State or Foreign Country) Akron, Ohio		12. CITIZEN OF WHAT COUNTRY? USA		
13a. FATHER'S NAME Richard Dell Smith			13b. MOTHER'S MAIDEN NAME Lenore ?		14. NAME OF HUSBAND OR WIFE Amy Erickson 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. 494-07-7738		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Amy Smith - 200 David - Elsberry 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) CORONARY THROMBOSIS				INTERVAL BETWEEN ONSET AND DEATH 1 DAY			
		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		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 11-19, 1957 , to 11-19, 1957 , that I last saw the deceased alive on 11-18, 1957 , and that death occurred at 9 A. m. , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <i>[Signature]</i>				23b. ADDRESS <i>[Address]</i>		23c. DATE SIGNED 11/20/57			
24a. BURIAL, CREMATION, REMOVAL (Specify) burial		24b. DATE Nov. 21, 1957	24c. NAME OF CEMETERY OR CREMATORY City Cemetery		24d. LOCATION (City, town, or county) (State) Elsberry, Mo.				
DATE REC'D BY LOCAL REG. 12/30/57		REGISTRAR'S SIGNATURE <i>[Signature]</i>		25. FUNERAL DIRECTOR'S SIGNATURE <i>[Signature]</i>		ADDRESS Elsberry, Mo.			

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

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JAN 9 1958

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.....
G. G. Gault

Licensed Embalmer No. *4017*

P. O. Address *Edsberry*

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.