

XC-133290ED JAN 30 1958 STANDARD CERTIFICATE OF DEATH

REG.# 15682

Registration District No. 43 Primary Registration District No. 9007 Registrar's No. 152

1. PLACE OF DEATH a. COUNTY <b>BUTLER</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>ARKANSAS</b> b. COUNTY <b>SHARP</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>POPLAR BLUFF</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>HARDY</b> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>VETERANS ADM. HOSPITAL</b>		Length of stay in 1b <b>9 DAYS</b>	d. STREET ADDRESS (If outside, give location) <b>ROUTE TWO</b> Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last <b>GROVER CHARLES SMITHERS</b>			4. DATE OF DEATH Month Day Year <b>JANUARY 13, 1958</b>
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>1-1-92</b>
9. AGE (In years last birthday) <b>66</b>		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) <b>BARREL MAKER</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>BARREL MAKER</b>	11. BIRTHPLACE (City and state or country) <b>LOUISIANA, MISSOURI</b>
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		13a. FATHER'S NAME <b>ANDREW F. SMITHERS</b>	
13b. MOTHER'S MAIDEN NAME <b>NANCY E. HICKERSON</b>		14. NAME OF WIFE AND OR WIFE <b>JESSIE A. SMITHERS</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>YES WWI</b>		16. SOCIAL SECURITY NO. <b>UNKNOWN</b>	17. INFORMANT Address <b>VA HOSPITAL RECORDS, POPLAR BLUFF, MO.</b>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>CORONARY THROMBOSIS WITH INFARCT OF VENTRICULAR SEPTUM.</b> DUE TO (b) <b>ARTERIOSCLEROTIC HEART DISEASE, CHRONIC.</b> DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>CARCINOMA OF RECTUM.</b>			INTERVAL BETWEEN ONSET AND DEATH <b>Sudden</b> <b>Unknown</b>
19. WAS AUTOPSY PERFORMED? <b>YES</b>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)			
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.		20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. Attended the deceased from <b>Jan. 4, 1958</b> to <b>Jan. 13, 1958</b> Death occurred at <b>5:00 PM</b> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>J. Lester Harwell</i> <b>J. LESTER HARWELL, M. D.</b>		22b. ADDRESS <b>VA HOSPITAL, POPLAR BLUFF, MO.</b>	
22c. DATE SIGNED <b>1-14-58</b>		23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	
23b. DATE <b>1-14-58</b>		23c. NAME OF CEMETERY OR CREMATORY <b>Highland Cemetery</b>	
23d. LOCATION (City, town, or county) (State) <b>Hardy, Arkansas.</b>		24. FUNERAL DIRECTOR ADDRESS <b>Higginbotham Fun Home Hardy, Ark.</b>	
25. DATE RECD. BY LOCAL REG. <b>1/24/58</b>		26. REGISTRAR'S SIGNATURE <i>R. Smither</i>	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

RECEIVED  
JAN 28 1958

BUTLER CO. HEALTH CENTER

FILE No. \_\_\_\_\_

**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. \_\_\_\_\_

P. O. Address \_\_\_\_\_

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.