

FILED MAR 26 1958

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-010492
STATE FILE NUMBER

Registration District No. 167 Primary Registration District No. 4256 Registrar's No. LB

1. PLACE OF DEATH a. COUNTY <u>Johnson</u>		2. USUAL RESIDENCE (Where deceased lived. If in institution, Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Johnson</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Halden</u>		c. CITY OR TOWN <u>Halden</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>702 Market</u>		d. STREET ADDRESS (If outside, give location) <u>702 Market St</u>	
Length of stay in 1b <u>9 YRS</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED First Middle Last
EMMETT PRICE SMITH

4. DATE OF DEATH Month Day Year
16 MARCH 1958

5. SEX M 6. COLOR OR RACE W 7. MARRIED NEVER MARRIED
WIDOWED DIVORCED 8. DATE OF BIRTH JAN 30 1881

9. AGE (In years last birthday) 77 9. AGE (In years) IF UNDER 1 YEAR Months Days Hours Min. 1 17

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) ELECTRICIAN

10b. KIND OF BUSINESS OR INDUSTRY OIL COMPANY

11. BIRTHPLACE (City and state or country) MARSHALL MO

12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Albert Smith 13b. MOTHER'S MAIDEN NAME Ida Addison 14. NAME OF HUSBAND OR WIFE Althia Wood 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. 509-07-2484 17. INFORMANT Address Althia Smith Halden Mo

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) acute Respiratory Failure
DUE TO (b) Bronchial Asthma
DUE TO (c) 241X

INTERVAL BETWEEN ONSET AND DEATH 5 hours
15 years

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

19. WAS AUTOPSY PERFORMED? YES NO

20a. ACCIDENT SUICIDE HOMICIDE

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 WORK NOT WHILE AT WORK

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from Nov 26, 1956 to March 16, 1958 and last saw her alive on March 15, 1958
Death occurred at 5:05 P on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) R N Jones D O 2 22b. ADDRESS Halden Mo 22c. DATE SIGNED 3-17-58

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial 23b. DATE March 18 1958 23c. NAME OF CEMETERY OR CREMATORY Greenwood Cemetery 23d. LOCATION (City, town, or county) (State) St. Louis Kansas

24. FUNERAL DIRECTOR ADDRESS Wendell J. Papp Halden Mo 25. DATE RECD. BY LOCAL REG. March 18 1958 26. REGISTRAR'S SIGNATURE Mrs H V Redford

(Licensed Embalmer's Statement on Reverse Side)

300
-57
510
1

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION
All diseases in Part I must be causally related.

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 *Samuel B. Propp*

Licensed Embalmer No. *4044*

P. O. Address *Heldens, 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.