S. No. 300
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FILED AUG 11 1958

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-024751
State File No.

BIRTH NO. _____ REG. DIST. NO. 43 PRIMARY REG. DIST. NO. 3007 Registrar's No. 482

3124
0

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

1. PLACE OF DEATH
a. COUNTY: Butler
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Poplar Bluff
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Poplar Bluff HOSP.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Stoddard 1
c. CITY OR TOWN: Bloomfield 1030 0
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☐
e. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) LOUIS b. (Middle) L. c. (Last) SMITH

4. DATE OF DEATH (Month) (Day) (Year): July 22, 1958

5. SEX: M. 0
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widower 2
8. DATE OF BIRTH: Oct. 21, 1870
9. AGE (In years last birthday): 87 — IF UNDER 1 YEAR: Months 9, Days 1 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Ret. Carpenter
10b. KIND OF BUSINESS OR INDUSTRY: House repair & Bldg.
11. BIRTHPLACE (City and State or Foreign Country): Salem, Missouri 0
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: William J. Smith
13b. MOTHER'S MAIDEN NAME: Margaret DeVore
14. NAME OF HUSBAND OR WIFE: Deceased

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No. (If yes, give war or dates of service): ---
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S SIGNATURE OR NAME ADDRESS: Reginal Smith, 2163 Fairhaven Dr., St. Louis, 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) Cagestuna ~~of~~ Heart failure — INTERVAL BETWEEN ONSET AND DEATH: 3 day

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Post operative
DUE TO (c) Carcinoma — 2 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: 1992
20. AUTOPSY? YES ☐ NO ☒ 2

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* July 20, 1958, *to* July 22, 1958, *that I last saw the deceased alive on* July 22, 1958 *and that death occurred at* 12 mid night *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): S. S. Davis M.D. 0
23b. ADDRESS: Poplar Bluff, Mo.
23c. DATE SIGNED: 7-25-58

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: July 25-58
24c. NAME OF CEMETERY OR CREMATORY: Bloomfield cemetery
24d. LOCATION (City, town, or county) (State): Bloomfield, Missouri

DATE REC'D BY LOCAL REG.: 8/2/58
REGISTRAR'S SIGNATURE: B. Munstree
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: CHILES UND. CO., BLOOMFIELD, MO.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
AUG 6 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 embalm

by me, & by ... Lulu Cooper # 3499 ....., St[redacted] .....

[redacted]

Student ..... Signature of Student Embalmer

Signed Ivan C. Cooper .....

Licensed Embalmer No. 4119

P. O. Address Bloomfield, I

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fail 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.