

FILED NOV 22 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. **37635**

BIRTH NO. _____		REG. DIST. NO. <u>257</u>		PRIMARY REG. DIST. NO. <u>5883</u>		Registrar's No. <u>41</u>	
<b>1. PLACE OF DEATH</b> a. COUNTY <u>OSAGE</u> b. CITY (If outside corporate limits, write RURAL and give township) <u>BONNOTS MILL</u> c. LENGTH OF STAY (in this place) <u>LIFE</u> d. FULL NAME OF HOSPITAL OR INSTITUTION <u>BONNOTS MILL R.D.</u>				<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>OSAGE</u> c. CITY OR TOWN <u>BONNOTS MILL</u> d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> e. STREET ADDRESS (If rural, give location) <u>R.D.</u>			
<b>3. NAME OF DECEASED</b> (Type or Print) a. (First) <u>DREURY</u> b. (Middle) <u>GEE</u> c. (Last) <u>SMITH</u>		<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <u>NOV. 10-1955</u>		<b>5. SEX</b> <u>male</u>		<b>6. COLOR OR RACE</b> <u>white</u>	
<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify) <u>married</u>		<b>8. DATE OF BIRTH</b> <u>Nov. 1-1868</u>		<b>9. AGE</b> (In years last birthday) <u>87</u> If UNDER 1 YEAR: Months <u>0</u> Days <u>1</u> Hours <u>1</u> Mins. <u>0</u>		<b>10. CITIZEN OF WHAT COUNTRY?</b> <u>USA</u>	
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <u>farmer</u>		<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <u>farmer</u>		<b>11. BIRTHPLACE</b> (City and State or Foreign Country) <u>Bonnots Mill Mo. R.D.</u>		<b>12. CITIZEN OF WHAT COUNTRY?</b> <u>USA</u>	
<b>13a. FATHER'S NAME</b> <u>Dreury Smith</u>		<b>13b. MOTHER'S MAIDEN NAME</b> <u>Sarah Lee</u>		<b>14. NAME OF HUSBAND OR WIFE</b> <u>Mary E. Coffelt Smith</u>			
<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		<b>16. SOCIAL SECURITY NO.</b> _____		<b>17. INFORMANT'S SIGNATURE OR NAME</b> ADDRESS <u>Delbert Smith Bonnots Mill Mo.</u>			
<b>18. CAUSE OF DEATH</b> Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		<b>MEDICAL CERTIFICATION</b> <b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <u>Hypostatic pneumonia</u> <b>ANTECEDENT CAUSES</b> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Generalized arteriosclerosis</u> DUE TO (c) <u>4500F</u> <b>II. OTHER SIGNIFICANT CONDITIONS</b> Conditions contributing to the death but not related to the disease or condition causing death. <u>Fracture right hip</u>				<b>INTERVAL BETWEEN ONSET AND DEATH</b>	
<b>19a. DATE OF OPERATION</b>		<b>19b. MAJOR FINDINGS OF OPERATION</b>				<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)		<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)		<b>21c. (CITY, TOWN, OR TOWNSHIP)</b> (COUNTY) (STATE)			
<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) (Min.)		<b>21e. INJURY OCCURRED</b> WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		<b>21f. HOW DID INJURY OCCUR?</b>			
<b>22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.</b>							
<b>23a. SIGNATURE</b> (Degree or title) <u>J. Inouye, M.D.</u>				<b>23b. ADDRESS</b> <u>Medical Arts Bldg.</u>		<b>23c. DATE SIGNED</b> <u>11-11-55</u>	
<b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify) <u>burial</u>		<b>24b. DATE</b> <u>11/13/55</u>		<b>24c. NAME OF CEMETERY OR CREMATORY</b> <u>Smith-Burchard</u>		<b>24d. LOCATION</b> (City, town, or county) (State) <u>Bonnots Mill Mo</u>	
<b>DATE REC'D BY LOCAL REG.</b> <u>11/16/55</u>		<b>REGISTRAR'S SIGNATURE</b> <u>T. C. Embrey</u>		<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <u>Clayton Norton</u>		<b>ADDRESS</b> <u>Linn Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

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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.....  
Vernon M. Moulton

Licensed Embalmer No. 412

P. O. Address.....  
Lima, N.

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.