

FILED MAY 24 1951

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. **17595**
 Registrar's No. **48**

BIRTH NO. _____		REG. DIST. NO. 278		PRIMARY REG. DIST. NO. 3054		Registrar's No. 48	
1. PLACE OF DEATH a. COUNTY PIKE				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE ILLINOIS b. COUNTY PIKE			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN LOUISIANA		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN PLEASANT HILL		8/20	
d. FULL NAME OF HOSPITAL OR INSTITUTION MINERAL SPRINGS HOSPITAL				d. STREET ADDRESS (If rural, give location) RURAL 8			
3. NAME OF DECEASED a. (First) EDITH b. (Middle) BOYRL c. (Last) SMITH			4. DATE OF DEATH (Month) (Day) (Year) MAY 8, 1951				
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH MAR 12, 1906		9. AGE (In years last birthday) 55	IF UNDER 1 YEAR Months 1 Days 26	IF UNDER 2 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) MOOSE WIFE		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) PIKE COUNTY, ILL.		12. CITIZEN OF WHAT COUNTRY? U.S.	
13a. FATHER'S NAME JOHN GARISON		13b. MOTHER'S MAIDEN NAME MARY HILLIS		14. NAME OF HUSBAND OR WIFE ROY W. 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. NONE		17. INFORMANT'S SIGNATURE OR NAME ROY W. SMITH, PLEASANT HILL, ILL. ADDRESS			
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) acute coronary thrombosis					INTERVAL BETWEEN ONSET AND DEATH 1 hour	
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) thrombosis						
	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? 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) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from APRIL 18, 1950 , to MAY 8, 1951 , that I last saw the deceased alive on MAY 8, 1951 , and that death occurred at 10:30 Am. , from the causes and on the date stated above.							
23a. SIGNATURE G. L. Pilyea, D.O. (Degree or title)			23b. ADDRESS LOUISIANA, MO.			23c. DATE SIGNED 4/28/51	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE MAY 11, 51	24c. NAME OF CEMETERY OR CREMATORY CRESCENT-HEIGHTS		24d. LOCATION (City, town, or county) (State) PLEASANT HILL - ILL		
DATE REC'D BY LOCAL REG. May 8, 1951		REGISTRAR'S SIGNATURE Bernice Collier		25. FUNERAL DIRECTOR'S SIGNATURE R. Harman		ADDRESS Pleasant Hill, Ill.	

WRITE PLAINLY USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

0821
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Date Received: MAY 22 1951

DISTRICT HEALTH OFFICE #2

District File Number 5-51-961

Date Filed: MAY 22 1951

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 _____
Student Embalmer

Signed

R. Hannan

Licensed Embalmer No. 570826

P. O. Address Pleasant Hill, Va.

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 this body is not embalmed, fact should be so stated above.