

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

State File No. ....

4325

BIRTH NO. FILED **MAR 9 1954** REG. DIST. NO. **72** PRIMARY REG. DIST. NO. **5291** Registrar's No. **20**

6000  
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY <b>CLAY</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MISSOURI</b> b. COUNTY <b>PLATTE</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>LIBERTY-RURAL</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>DEARBORN</b>	
c. LENGTH OF STAY (in this place) <b>few days</b>		d. STREET ADDRESS (If rural, give location) <b>0830 / 1</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>I.O.O.F. HOME</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>BENJAMIN</b> b. (Middle) <b>HENRY</b> c. (Last) <b>SMITHER</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>2-23-54</b>		
5. SEX <b>MALE</b>		6. COLOR OR RACE <b>WHITE</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>WIDOWED</b>	
8. DATE OF BIRTH <b>SEPT. 20, 1878</b>		9. AGE (In years last birthday) <b>80</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>FARMER</b>	
10b. KIND OF BUSINESS OR INDUSTRY <b>FARM</b>		11. BIRTHPLACE (State or foreign country) <b>PLATTE CO. MO.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	

13a. FATHER'S NAME <b>B.H. SMITHER</b>		13b. MOTHER'S MAIDEN NAME <b>LUCY THACKMARTIN</b>		14. NAME OF HUSBAND OR WIFE <b>not known</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b>		16. SOCIAL SECURITY NO. <b>NONE</b>		17. INFORMANT'S SIGNATURE OR NAME <b>MRS. LENA SMITHER</b> ADDRESS <b>DEARBORN, MO.</b>	

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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Encephalomalacia</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>arteriosclerosis</b>  DUE TO (c)  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			INTERVAL BETWEEN ONSET AND DEATH <b>2 weeks</b>
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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)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR	

22. I hereby certify that I attended the deceased from **Feb 1**, 1954, to **Feb 23, 1954**, that I last saw the deceased alive on **Feb 23, 1954**, and that death occurred at **5:55 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE <b>Wm. J. Godson M.D.</b> (Degree or title)		23b. ADDRESS <b>Liberty, MO.</b>		23c. DATE SIGNED <b>2/24/54</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		24b. DATE <b>2-25-54</b>		24c. NAME OF CEMETERY OR CREMATORY <b>PLEASANT RIDGE CEM.</b>	
24d. LOCATION (City, town, or county) (State) <b>WESTON, MO.</b>					

DATE REC'D BY LOCAL REG. <b>Feb 27, 1954</b>		REGISTRAR'S SIGNATURE <b>Mabel Graham</b> 491-0		25. FUNERAL DIRECTOR'S SIGNATURE <b>VAUGHN-AVERANG</b> ADDRESS <b>DEARBORN, MO.</b>	
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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 .....  
Student Embalmer

Signed W. B. Vaughn

Licensed Embalmer No. 4023

P. O. Address Weston, 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 this body is not embalmed, fact should be so stated above.