

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

10938

State File No. 13

FILED MAR 22 1954

BIRTH NO. _____ REG. DIST. NO. 381 PRIMARY REG. DIST. NO. 4315 Registrar's No. _____

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|-------------------------------------------------------------------------------------------|--|-------------------------------------------------------------------------------------------------------------------------------------|--|
| 1. PLACE OF DEATH a. COUNTY <u>Sullivan</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo.</u> COUNTY <u>Sullivan</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Milau</u> | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Milau</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION | | d. STREET ADDRESS (If rural, give location) <u>1050</u> <u>0</u> | |

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|-------------------------------------------------------------------------------------------------------------------|-------------------------------|-----------------------------------------------------------------------|----------------------------------------------------------------------|---------------------------------------------------------------|-------------------------------------------------|---------------------------------------------|
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Henry</u> b. (Middle) <u>W.</u> c. (Last) <u>Smith</u> | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>3</u> <u>10</u> <u>1954</u> | | | |
| 5. SEX <u>male</u> | 6. COLOR OR RACE <u>white</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u> | 8. DATE OF BIRTH <u>10-12-1865</u> | 9. AGE (In years last birthday) <u>88</u> | IF UNDER 1 YEAR Months <u>14</u> Days <u>28</u> | IF UNDER 24 HRS. Hours <u></u> Min. <u></u> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired farmer</u> | | 10b. KIND OF BUSINESS OR INDUSTRY | | 11. BIRTHPLACE (State or foreign country) <u>Palmoxa - Mo</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> |

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|--------------------------------------------------------------------------------------------------------------------|--|---------------------------------------------------|--|------------------------------------------------------------------------------|--|
| 13a. FATHER'S NAME <u>Leander Smith</u> | | 13b. MOTHER'S MAIDEN NAME <u>Mary C McCulloch</u> | | 14. NAME OF HUSBAND OR WIFE <u>Emma Meyer</u> | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes; no, or unknown) (If yes, give war or dates of service) <u>no</u> | | 16. SOCIAL SECURITY NO. _____ | | 17. INFORMANT'S SIGNATURE OR NAME <u>Lilly Spear</u> ADDRESS <u>Milau Mo</u> | |

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|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------|
| 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. | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u> | | INTERVAL BETWEEN ONSET AND DEATH <u>instant</u> |
| | ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ | | |
| | II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | |

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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION <u>4201</u> | 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) m. | 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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 5 45 m., from the causes and on the date stated above.

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|----------------------------------------------------------------|-------------------------------|---------------------------------------------------------------|
| 23a. SIGNATURE (Degree or title) <u>Irvin Kingmond Coroner</u> | 23b. ADDRESS <u>Milau, Mo</u> | 23c. DATE SIGNED <u>3-14-54</u> |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 24b. DATE <u>3/11/54</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Henry Carr</u> |
| | | 24d. LOCATION (City, town, or county) (State) <u>Regen Mo</u> |

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|-------------------------------------------------|------------------------------------------------|---------------------------------------------------------------------------|
| DATE REC'D BY LOCAL REG. <u>March 14 - 1954</u> | REGISTRAR'S SIGNATURE <u>Mrs. H. B. Harris</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Schoenert</u> ADDRESS <u>Milau Mo</u> |
|-------------------------------------------------|------------------------------------------------|---------------------------------------------------------------------------|

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

No. 300
10.48

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 Dwight Schauer

Licensed Embalmer No. 2667

P. O. Address Milwaukee - Wis

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.