

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

11175

State File No. _____

No. 300
10.48

FILED MAY 10 1954

BIRTH NO. _____ REG. DIST. NO. 30 PRIMARY REG. DIST. NO. 4038 Registrar's No. 20

1. PLACE OF DEATH a. COUNTY <u>Benton</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Benton</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>WARSAW</u>	c. LENGTH OF STAY (In this place) <u>Wife</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>WARSAW</u> <u>0080</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>NONE</u>		d. STREET ADDRESS (If rural, give location) <u>0</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>CHARLIE</u> b. (Middle) <u>D.</u> c. (Last) <u>SMITH</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>MAY 5, 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>Aug 3, 1878</u>	9. AGE (In years last birthday) <u>75</u>	10. IF UNDER 1 YEAR Days <u>9</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Ret Stockman</u>		10b. KIND OF BUSINESS OR IND. <u>Ret Stockman & Farmer</u>	11. BIRTHPLACE (State or foreign country) <u>Benton Co, Mo</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>	

13a. FATHER'S NAME <u>Robert N. Smith</u>	13b. MOTHER'S MAIDEN NAME <u>AMANDA Turner</u>	14. NAME OF HUSBAND OR WIFE _____
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>No</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Robin Gregory</u> ADDRESS <u>Warsaw, 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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Myocardial Infarction</u>		<u>1 Hour</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerotic Heart Dis.</u> DUE TO (c) _____		<u>6 years</u>
II. OTHER SIGNIFICANT CONDITIONS <u>OSTEOARTHRITIS BACK</u>		Conditions contributing to the death but not related to the disease or condition causing death. <u>9-5 years</u>	

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION <u>+200</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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 July, 1948, to 5 May, 1954, that I last saw the deceased alive on 5 May, 1954, and that death occurred at 8:00 P. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>David Allen MD</u>	23b. ADDRESS <u>Warsaw Mo.</u>	23c. DATE SIGNED <u>MAY 6, 1954</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>MAY 8, 1954</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Riverside Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Warsaw Benton Co. Mo</u>
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DATE REC'D BY LOCAL REG. <u>May 8, 1954</u>	REGISTRAR'S SIGNATURE <u>Jrs. Dr. Logan</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>John J. Perry</u> ADDRESS <u>Warsaw</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

0080

MAY 18 1957

APR 15 1957

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

John J. Reser

Licensed Embalmer No. 4098

P. O. Address Wassau

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.