

FILED JUL 19 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 22748

BIRTH NO. _____		REG. DIST. NO. <u>128</u>		PRIMARY REG. DIST. NO. <u>200</u>		Registrar's No. <u>665</u>	
1. PLACE OF DEATH a. COUNTY <u>GREENE</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>LAWRENCE</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Springfield</u>		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Millier MO 0550</u>		d. STREET ADDRESS (If rural, give location) <u>1 City</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Baptist Hospital</u>				3. NAME OF DECEASED a. (First) <u>ROBERT</u> b. (Middle) <u>M</u> c. (Last) <u>SMITH</u>			
4. DATE OF DEATH <u>July 10-1954</u>		5. SEX <u>MALE</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	
8. DATE OF BIRTH <u>Oct 2-1888</u>		9. AGE (In years last birthday) <u>65</u>		10. KIND OF BUSINESS OR INDUSTRY <u>Blacksmith</u>		11. BIRTHPLACE (State or foreign country) <u>Dallas county, Mo</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Barack Smith</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Blacksmith</u>		11. BIRTHPLACE (State or foreign country) <u>Dallas county, Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>	
13a. FATHER'S NAME <u>JAMES SMITH</u>		13b. MOTHER'S MAIDEN NAME <u>Alma McPuhak</u>		14. NAME OF HUSBAND OR WIFE <u>BESSIE SMITH</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war or dates of service) <u>none</u>	
16. SOCIAL SECURITY NO. <u>494-20-2729</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Bessie Smith</u>		17. ADDRESS <u>Quora mo</u>		18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <u>MECHANICAL CERTIFICATION</u>	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma</u>		DUE TO (b) <u>Return</u>		INTERVAL BETWEEN ONSET AND DEATH <u>1 yr</u>		*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		DUE TO (c) _____					
19a. DATE OF OPERATION <u>5-18-54</u>		19b. MAJOR FINDINGS OF OPERATION <u>Extensive metastases 154x</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 <u>July 8, 1954</u> , to <u>July 10, 1954</u> , that I last saw the deceased alive on <u>July 10, 1954</u> , and that death occurred at <u>9:45 P. m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Fred R. Farthing M.D.</u>		(Degree or title)		23b. ADDRESS <u>Springfield</u>		23c. DATE SIGNED <u>7/12/54</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>7/13/54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Pk. Edson</u>		24d. LOCATION (City, town, or county) (State) <u>Lawrence MO</u>	
DATE REC'D BY LOCAL REG. <u>7-12-54</u>		REGISTRAR'S SIGNATURE <u>Edith Williamson</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Walter L. Ward</u>		ADDRESS <u>Quora mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

**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 \_\_\_\_\_

*Myself*

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed \_\_\_\_\_

*Olson L. Marsh*

Licensed Embalmer No. *3814*

P. O. Address *Aurora 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.