

FILL AUG 13 1954

STANDARD CERTIFICATE OF DEATH

26562 State File No.

BIRTH NO. _____ REG. DIST. NO. 64 PRIMARY REG. DIST. NO. 4109 Registrar's No. 54

1. PLACE OF DEATH
 a. COUNTY Chariton
 b. CITY (If outside corporate limits, write RURAL and give town) OR TOWN Keytesville
 c. LENGTH OF STAY (in this place) 11-Years
 d. FULL NAME OF HOSPITAL OR INSTITUTION 300-N. Mulberry

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
 a. STATE Mo. b. COUNTY Chariton
 c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Keytesville 0210
 d. STREET ADDRESS (If rural, give location) 300-N. Mulberry

3. NAME OF DECEASED
 a. (First) Casper b. (Middle) Bell c. (Last) Smith
 4. DATE OF DEATH (Month) (Day) (Year) Aug. 13th 1954

5. SEX Male 9 6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 8. DATE OF BIRTH Jan. 24th, 1879 9. AGE (In years last birthday) 75

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Butcher 10b. KIND OF BUSINESS OR INDUSTRY Grocery Store 11. BIRTHPLACE (City and State or Foreign Country) Keytesville Mo. 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Samuel Smith 13b. MOTHER'S MAIDEN NAME Mary Coy 14. NAME OF HUSBAND OR WIFE Lillie 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. 496-07-3358 17. INFORMANT'S SIGNATURE OR NAME Mrs. Lillie Smith ADDRESS Keytesville, Mo.

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.
 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Respiratory Failure
 ANTECEDENT CAUSES Cerebral accident
 Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
 DUE TO (b) Cerebral accident
 DUE TO (c) Possible Embolic phenomenon
 II. OTHER SIGNIFICANT CONDITIONS: Hypertension, Auricular fibrillation
 Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 331 X 20. AUTOPSY? YES NO

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 NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 15, 1954, to Aug. 13, 1954, that I last saw the deceased alive on Aug. 13, 1954, and that death occurred at 12:05 P.M. from the causes and on the date stated above.

23a. SIGNATURE Walter E. Hutton (Degree or title) 23b. ADDRESS Keytesville Mo. 23c. DATE SIGNED 8-14-54

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 24b. DATE August 15th, 1954 24c. NAME OF CEMETERY OR CREMATORY Asbury Cemetery 24d. LOCATION (City, town, or county) (State) Chariton County, Mo.

DATE REC'D BY LOCAL REG. 8/15/54 REGISTRAR'S SIGNATURE [Signature] 55 25. FUNERAL DIRECTOR'S SIGNATURE [Signature] ADDRESS Keytesville, Mo.

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING 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 _____

..... ~~Student Embalmer No.~~

working under my personal supervision.

Student
Student Embalmer

Signed H. D. Garrett

Licensed Embalmer No. 3046

P. O. Address Wentzville, 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.