

FILED AUG 17 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 29639

BIRTH NO. _____		REG. DIST. NO. 360		PRIMARY REG. DIST. NO. 61225		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY <i>Wernon</i>				2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE <i>Mo</i> b. COUNTY <i>Ozark</i>			
b. CITY (If outside corporate limits, write RURAL and give township) <i>Rural Wernon</i>		c. LENGTH OF STAY (in this place) <i>2 1/2 16 days</i>		c. CITY OR TOWN <i>Sycamore</i>		d. Is residence within limits of a city or incorporated town? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>State Hosp No 3</i>				STREET ADDRESS (If rural, give location) <i>suburban 0710</i>			
3. NAME OF DECEASED (Type or Print) a. (First) <i>Elijah</i>		b. (Middle) <i>N</i>		c. (Last) <i>Smith</i>		4. DATE OF DEATH (Month) (Day) (Year) <i>Aug 8 1954</i>	
5. SEX <i>Mo</i>		6. COLOR OR RACE <i>W</i>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>Widowed</i>		8. DATE OF BIRTH <i>July 18 1898</i>	
9. AGE (In years last birthday) <i>56</i>		10. UNDER 1 YEAR Months <i>10</i>		11. BIRTHPLACE (City and State or Foreign Country) <i>Ozark Mo</i>		12. CITIZEN OF WHAT COUNTRY <i>USA</i>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>farming</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>farming</i>		11. BIRTHPLACE (City and State or Foreign Country) <i>Ozark Mo</i>		12. CITIZEN OF WHAT COUNTRY <i>USA</i>	
13a. FATHER'S NAME <i>Isaac Smith</i>		13b. MOTHER'S MAIDEN NAME <i>Nancy Berkland</i>		14. NAME OF HUSBAND OR WIFE <i>suburban</i>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>suburban</i>		16. SOCIAL SECURITY NO. <i>suburban</i>		17. INFORMANT'S SIGNATURE OR NAME <i>records - State Hosp - Nevada</i>			
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH <i>Generalized Enteric - Sclerotic</i>  ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) _____  DUE TO (c) _____				INTERVAL BETWEEN ONSET AND DEATH <i>few months</i>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <i>Acute psychosis</i>						<i>few months</i>	
19a. DATE OF OPERATION <i>None</i>		19b. MAJOR FINDINGS OF OPERATION <i>None</i>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <i>Mo</i>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <i>None</i>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <i>None</i>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <i>None</i>		21e. INJURY OCCURRED WHILE AT WORK? <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <i>None</i>			
22. I hereby certify that I attended the deceased from <i>July 23 1954</i> , to <i>Aug 8 1954</i> , that I last saw the deceased alive on <i>Aug 8 1954</i> , and that death occurred at <i>11:30 A.M.</i> , from the causes and on the date stated above.							
23a. SIGNATURE <i>Walter Hays</i>				23b. ADDRESS <i>State Hosp No 3 Nevada</i>		23c. DATE SIGNED <i>Aug 8 1954</i>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Removal</i>		24b. DATE <i>8-8-54</i>		24c. NAME OF CEMETERY OR CREMATORY <i>X</i>		24d. LOCATION (City, town, or county) (State) <i>Lawrence, Ozark Mo</i>	
DATE REC'D BY LOCAL REG. <i>8-9-54</i>		REGISTRAR'S SIGNATURE <i>Allen E. Ferry</i>		25. FUNERAL DIRECTOR'S SIGNATURE <i>Ways Funeral Service Nevada</i>			
				ADDRESS <i>Allen E. Ferry</i>			

(Licensed Emballer's Statement on Reverse Side)

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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  
by me, or by ....., Student Embalmer No.....  
working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed *H. H. Marmaduke*.....

Licensed Embalmer No. *2*

P. O. Address *Wm...*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING  
to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.