

FILED SEP 16 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

32225

State File No.

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **2707**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY	
b. CITY OR TOWN St. Louis, Missouri	c. LENGTH OF STAY (in this place)	c. CITY OR TOWN St. Louis	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION BARNES HOSPITAL		f. STREET ADDRESS (If rural, give location) 4263 West Pine	

3. NAME OF DECEASED (Type or Print) a. (First) WILLIAM b. (Middle) J. c. (Last) SMITH			4. DATE OF DEATH (Month) (Day) (Year) August 17 1954		
5. SEX: Male	6. COLOR OR RACE: White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced	8. DATE OF BIRTH Nov. 30, 1889		9. AGE (In years last birthday) 64 if UNDER 1 YEAR Months Days if UNDER 4 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY General Farming		11. BIRTHPLACE (City and State or Foreign Country) Plattin, Mo.	
13a. FATHER'S NAME James L. Smith			13b. MOTHER'S MAIDEN NAME Mollie Cross		14. NAME OF HUSBAND OR WIFE Vaugh McRechon

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. None	17. INFORMANT'S SIGNATURE OR NAME Mrs Thomas Pinkin, 218 Broadway Crystal City, Mo.	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) Carcinoma of the prostate		MEDICAL CERTIFICATION INTERVAL BETWEEN ONSET AND DEATH abt. 3 mos	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	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)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? 177X

22. I hereby certify that I attended the deceased from **7-3**, 19**54**, to **8-17**, 19**54**, that I last saw the deceased alive on **8-17**, 19**54**, and that death occurred at **12:25a** m., from the causes and on the date stated above.

23a. SIGNATURE <i>J. Earl Smith, M.D.</i>	(Degree or title) M.D.	23b. ADDRESS BARNES HOSPITAL	23c. DATE SIGNED 8-17-54
24a. BURIAL CREMATION, REMOVAL (Specify) Burial	24b. DATE 8/19/54	24c. NAME OF CEMETERY OR CREMATORY Methodist	24d. LOCATION (City, town, or county) (State) Festus, Mo.

DATE REC'D BY LOCAL REG. AUG 20 1954	REGISTRAR'S SIGNATURE <i>J. Earl Smith, M.D.</i>	25. FUNERAL DIRECTOR'S SIGNATURE <i>W. J. ... Festus Mo</i>	ADDRESS
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

(Licensed Embalmers' Statement on Reverse Side)

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.....
Signature of Student Embalmer

Signed *H. H. [Signature]*.....

Licensed Embalmer No. *3012*

P. O. Address *Fairfax Va*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.