

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

33476

State File No. ....

BIRTH NO. 68479-54 REG. DIST. NO. 107 PRIMARY REG. DIST. NO. 3019 Registrar's No. 140

1. PLACE OF DEATH a. COUNTY <u>Dunklin</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Dunklin</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kennett</u>		c. LENGTH OF STAY (in this place) <u>5 hrs.</u>	c. CITY OR TOWN <u>Kennett</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Dunklin Memorial Hospital</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
e. STREET ADDRESS (If rural, give location)		<u>03520</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Baby</u> b. (Middle) c. (Last) <u>Smith</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Oct. 30- 1954</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>XX</u>	8. DATE OF BIRTH <u>Oct. 30- 1954</u>	9. AGE (In years last birthday) <u>5</u>	IF UNDER 1 YEAR Months Days Hours Min. <u>5</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>X</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>X</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Kennett Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	

13a. FATHER'S NAME <u>Hoyt Smith</u>		13b. MOTHER'S MAIDEN NAME <u>Wanda Mae Lemonds</u>		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, unknown) <u>No.</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Hoyt Smith</u> ADDRESS <u>Kennett Mo.</u>	

18. CAUSE OF DEATH. Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>hours</u>	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Premature birth</u>		II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>			
*This does not mean the mode of dying, such as heart failure, ashenia, 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) <u>776X</u>	

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 <u>30 Oct 1954</u> to <u>30 Oct 1954</u> that I last saw the deceased alive on <u>30 Oct 1954</u> , and that death occurred at <u>8:00P</u> m., from the causes and on the date stated above.					

23a. SIGNATURE (Degree or title) <u>Joe A. Zimmersman</u>		23b. ADDRESS <u>Kennett, Mo.</u>		23c. DATE SIGNED <u>11-2-54</u>	
24a. BURIAL / CREMATION REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>10-31-54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Oak Ridge Cemetery</u>	
DATE REC'D BY LOCAL REG. <u>11-2-1954</u>		REGISTRAR'S SIGNATURE <u>Carl Husband</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Lentz Service</u> ADDRESS <u>Kennett Mo.</u>	

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

300  
48

FILED NOV 9 - 1954

RECEIVED DUNKLIN COUNTY

DEPARTMENT 11-8-5

COUNTY FILE NUMBER 115

STATEMENT BY LICENSED EMBALMER

*not embalmed*

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em

by me, or by ..... Student Embalmer No.....

working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed *Edgar Lee Far*.....

Licensed Embalmer No. *114*.....

P. O. Address *Kennel*.....

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.