

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED DEC 3 1954

State File No. 39850

BIRTH NO. _____		REG. DIST. NO. 331		PRIMARY REG. DIST. NO. 6111		Registrar's No. 87			
1. PLACE OF DEATH a. COUNTY <u>Scott</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY _____					
b. CITY OR TOWN <u>Rural Commerce Twp</u>		c. LENGTH OF STAY (in this place) <u>54 yrs</u>		c. CITY OR TOWN <u>Rural - Commerce Twp</u>		d. STREET ADDRESS (If rural, give location) <u>3 1/2 Miles West of Commerce</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>3 1/2 Miles West of Commerce</u>				d. STREET ADDRESS (If rural, give location) <u>3 1/2 Miles West of Commerce</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>LOUIS</u>		b. (Middle) <u>HEROY</u>		c. (Last) <u>SMITH</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 18, 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>August 13, 1873</u>			
9. AGE (In years last birthday) <u>81</u>		10. UNDER 1 YEAR Months _____ Days _____		10. UNDER 24 HRS. Hours _____ Min. _____		11. BIRTHPLACE (State or foreign country) <u>0</u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Teacher + farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>		11. BIRTHPLACE (State or foreign country) <u>Millersville, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			
13a. FATHER'S NAME <u>ANDERSON SMITH</u>		13b. MOTHER'S MAIDEN NAME <u>SARAH MOORE</u>		14. NAME OF HUSBAND OR WIFE <u>CLARA C. SPRADLIN</u>					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Lloyd H. Smith</u> ADDRESS <u>Winterset, Iowa</u>					
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, asthenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial Failure</u>				DUE TO (b) <u>Cardiac Decompensation</u>				1 or 2 days	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				DUE TO (c) <u>Arteriosclerosis</u>				2 mos.	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Possible Cancer of rectum</u>								Yrs.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>4500 H</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) (Min.)		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>Nov. 1, 1954</u> , to <u>Nov. 18, 1954</u> , that I last saw the deceased alive on <u>Nov. 17, 1954</u> , and that death occurred at <u>8 a. m.</u> , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <u>M. P. Broman</u>				23b. ADDRESS <u>D.O. Benton, Mo.</u>		23c. DATE SIGNED <u>Nov. 19, 1954</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>11-21-54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Lightner Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Illmo, Missouri</u>			
DATE REC'D BY LOCAL REG. <u>Nov. 23 - 54</u>		REGISTRAR'S SIGNATURE <u>Mrs Addie Harris</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Diaplins Hoff</u>		ADDRESS <u>Funeral Home Illmo, Mo</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

DATE RECEIVED NOV 29 1954

SCOTT CO. HEALTH DEPT.

CO. FILE No. 1154-242

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 Oliver Clamit

Licensed Embalmer No. 4470

P. O. Address Ollmo, 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.