

FILED DEC 30 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **40300**

BIRTH NO. _____ REG. DIST. NO. **47** PRIMARY REG. DIST. NO. **3008** Registrar's No. **345**

1. PLACE OF DEATH a. COUNTY 02222224		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY 02222224	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN FULTON		c. CITY OR TOWN RURAL CALWOOD TWP	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION 02222224 HOSPITAL		e. STREET ADDRESS (If rural, give location) R.F.D. Batchelor 0.140	

3. NAME OF DECEASED (Type or Print) a. (First) GEORGE b. (Middle) EDGAR c. (Last) SMITH			4. DATE OF DEATH (Month) (Day) (Year) Dec 21 1954			
5. SEX MALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) NEVER MARRIED		
8. DATE OF BIRTH JUNE 7, 1872		9. AGE (In years last birthday) 82		10. IF UNDER 1 YEAR: MONTHS _____ DAYS _____		
11. BIRTHPLACE (City and State or Foreign Country) OT TOWA ILLINOIS		12. CITIZEN OF WHAT COUNTRY? USA				
10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) RETIRED		10b. KIND OF BUSINESS OR INDUSTRY BAKER				

13a. FATHER'S NAME George Smith		13b. MOTHER'S MAIDEN NAME HULDA RIDER		14. NAME OF HUSBAND OR WIFE ALICE KIBORE 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. No		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Alice Smith Batchelor 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) Cerebro-vascular Accident		INTERVAL BETWEEN ONSET AND DEATH 11 Days
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Terminal Bronch. pneumonia week		

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) 331X	
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 **12-13, 1954**, to **12-21, 1954**, that I last saw the deceased alive on **12-21, 1954**, and that death occurred at **4:50 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Charles S. Jones, M.D.		23b. ADDRESS Fulton Missouri		23c. DATE SIGNED 12-28-54	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE Dec 23/54		24c. NAME OF CEMETERY OR CREMATORY FOREST HILLS	
24d. LOCATION (City, town, or county) (State) KANSAS CITY MO		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Maupin Funeral Home Fulton Mo			
DATE REC'D BY LOCAL REG. Dec. 28-1954		REGISTRAR'S SIGNATURE Maretta Lawrence		426	

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

FEB 10 1958

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 *Wm A Stewart*.....

Licensed Embalmer No. *372*.....

P. O. Address *Fallen*.....

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.