

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

1921

State File No. _____ Registrar's No. 44

FILED JAN 17 1955

BIRTH NO. _____		REG. DIST. NO. <u>231</u>		PRIMARY REG. DIST. NO. <u>5855</u>		Registrar's No. <u>44</u>	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).			
a. COUNTY <u>Nodaway</u>		a. STATE <u>Missouri</u>		b. COUNTY <u>Nodaway</u>			
b. CITY OR TOWN <u>Barnard (Whitecloud 809rs)</u>		c. CITY OR TOWN <u>Barnard (Whitecloud Sup)</u>					
d. FULL NAME OF HOSPITAL OR INSTITUTION _____				d. STREET ADDRESS (If rural, give location) <u>0740</u>			
3. NAME OF DECEASED (Type or Print)			a. (First) <u>Oliver</u>	b. (Middle) <u>K.</u>	c. (Last) <u>Smith</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>1-4-1955</u>	
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>	8. DATE OF BIRTH <u>2-21-1874</u>		9. AGE (In years last birthday) <u>80</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during part of working life, even if retired) <u>ret farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>		11. BIRTHPLACE (State or foreign country) <u>Barnard-Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>John K. Smith</u>			13b. MOTHER'S MAIDEN NAME <u>Martha Kerr</u>		14. NAME OF HUSBAND OR WIFE <u>Elizabeth Smith-deceased</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Homer O. Smith-Barnard-Mo</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION					INTERVAL BETWEEN ONSET AND DEATH
<p><i>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.</i></p>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Occlusion</u>					<u>instant?</u>
		ANTECEDENT CAUSES					
		<p>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</p> <p>DUE TO (b) <u>Coronary Heart Disease</u></p> <p>DUE TO (c) <u>Streptococci + Viral infection</u></p>					<u>years.</u> <u>3 1/2 days</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>0530</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) <u>Skidmore, Mo.</u>		(COUNTY) <u>Mo.</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>Jan.</u>, 19<u>50</u>, to <u>Jan. 3</u>, 19<u>55</u>, that I last saw the deceased alive on <u>Jan. 3</u>, 19<u>55</u>, and that death occurred at <u>9:30 a.m.</u>, from the causes and on the date stated above.							
23a. SIGNATURE <u>W. R. Titcomb, D.O.</u>				23b. ADDRESS <u>Skidmore, Mo.</u>		23c. DATE SIGNED <u>1-6-55</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>1-7-1955</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Graham Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>Graham - Mo</u>	
DATE REC'D BY LOCAL REG. <u>1 15 05</u>		REGISTRAR'S SIGNATURE <u>Bess Holt</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>W. R. Titcomb</u>		ADDRESS <u>Skidmore, Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

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 G. M. Atkinson

Licensed Embalmer No. 2279

P. O. Address Maryville

Note: The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.