

FILED MAR 15 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **4343**

BIRTH NO. _____ REG. DIST. NO. 96 PRIMARY REG. DIST. NO. 5355 Registrar's No. 20

1. PLACE OF DEATH a. COUNTY Dallas		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Dallas	
b. CITY (If outside corporate limits, write RURAL and give town) Elkland		c. CITY OR TOWN Elkland	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. LENGTH OF STAY (In this place)		STREET ADDRESS (If rural, give location) Rural Route # 2 0300	
d. FULL NAME OF HOSPITAL OR INSTITUTION Rural Route # 2			
3. NAME OF DECEASED (Type or Print) a. (First) William		b. (Middle) Walter	
		c. (Last) Smith	
4. DATE OF DEATH (Month) (Day) (Year) Mar. 8, 1955			
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH June 28, 1867
9. AGE (In years last birthday) 87		IF UNDER 1 YEAR Months 8 Days 10	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) Kentucky /
12. CITIZEN OF WHAT COUNTRY? U.S.A.			
13a. FATHER'S NAME S. P. Smith		13b. MOTHER'S MAIDEN NAME Margaret Beard	14. NAME OF HUSBAND OR WIFE Myrtle 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.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Myrtle Smith Elkland, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Cardio Renal disease ANTECEDENT CAUSES DUE TO (b) Senility DUE TO (c) Living 87 yrs - II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None	
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) 442X	
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 March 3, 1955, to _____, 19____ , that I last saw the deceased alive on March 3, 1955 , and that death occurred at 4:15p.m. , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) Ed Phemmer MD		23b. ADDRESS Buffalo Mo	23c. DATE SIGNED 3-11-55
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 3/13/55	24c. NAME OF CEMETERY OR CREMATORY Lebanon City Cemetery	24d. LOCATION (City, town, or county) (State) Lebanon, Missouri
DATE REC'D BY LOCAL REG. 3-11-55	REGISTRAR'S SIGNATURE Ernest Petal 20	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Holman Funeral Home Lebanon, Mo.	

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.....
Signature of Student Embalmer

Signed *Dorsey M. Hou*
Licensed Embalmer No. 4222..

P. O. Address Lebanon, .. Mi

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.