

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

10957

State File No.

FILED MAY 9 1955

BIRTH NO. _____ REG. DIST. NO. 27 PRIMARY REG. DIST. NO. 4035 Registrar's No. 41

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

1. PLACE OF DEATH a. COUNTY <u>Bates</u> b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rockville, Mo.</u> c. LENGTH OF STAY (in this place) <u>33 yrs</u> d. FULL NAME OF HOSPITAL OR INSTITUTION <u>None</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Bates</u> c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rockville, Mo.</u> d. STREET ADDRESS (If rural, give location) <u>0070 0</u>				
3. NAME OF DECEASED a. (First) <u>ALTA</u> b. (Middle) <u>Edna</u> c. (Last) <u>SMITH</u> (Type or Print)			4. DATE OF DEATH (Month) (Day) (Year) <u>Apr. 30 55</u>					
5. SEX <u>7</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>NEVER MARRIED</u>	8. DATE OF BIRTH <u>NOV 17- 92</u>	9. AGE (In years last birthday) <u>72</u>	Months <u>5</u> Days <u>13</u>	IF UNDER 18 HRS. Hours <u>13</u> Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Domestic</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Oppleton City, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		
13a. FATHER'S NAME <u>Charles Smith</u>		13b. MOTHER'S MAIDEN NAME <u>MARtha ANN SMITH</u>		14. NAME OF HUSBAND OR WIFE <u>None</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>No.</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Ross Smith</u>		ADDRESS <u>Rockville, Mo.</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, asthma, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Congestive Heart Failure</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis</u> DUE TO (c)			INTERVAL BETWEEN ONSET AND DEATH <u>1 yr,</u> <u>10 yrs,</u> <u>15 yrs</u>	
19a. DATE OF OPERATION				19b. MAJOR FINDINGS OF OPERATION <u>None performed</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)		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>2/15, 1945</u>, to <u>4/30, 1955</u>, that I last saw the deceased alive on <u>4/29, 1955</u>, and that death occurred at <u>9:00 A.M.</u>, from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) <u>M.D. Bjerke, M.D.</u>				23b. ADDRESS <u>Rockville, Mo.</u>		23c. DATE SIGNED <u>4/30/55</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>5-1-55</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Oppleton City</u>		24d. LOCATION (City, town, or county) (State) <u>Oppleton City, Mo.</u>		
DATE REC'D BY LOCAL REG. <u>May 2-55</u>		REGISTRAR'S SIGNATURE <u>Renald Army 170</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Osca Eastoff</u>		ADDRESS <u>Oppleton City, Mo.</u>		

(Licensed Embalmer's Statement on Reverse Side)

MAY 10 1953

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 Oscar Eckhoff

Licensed Embalmer No. 3942

P. O. Address Cyprian City

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.