

**STANDARD CERTIFICATE OF DEATH**

State File No. **14533**

**FILED JUN 1 1955**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **1** PRIMARY REG. DIST. NO. **3000** Registrar's No. **134**

<b>1. PLACE OF DEATH</b>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission).	
a. COUNTY <b>ADAIR</b>	b. CITY OR TOWN <b>KIRKSVILLE</b>	a. STATE <b>MISSOURI</b>	b. COUNTY <b>KNOX</b>
c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>HURDLAND</b> <b>0520</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>KIRKSVILLE OSTEOPATHIC</b>		d. STREET ADDRESS (If rural, give location) <b>NONE</b>	

<b>3. NAME OF DECEASED</b> (Type or Print)	a. (First) <b>GRACE</b>	b. (Middle) <b>V</b>	c. (Last) <b>SMITH</b>	<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <b>MAY 18 1955</b>
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<b>5. SEX</b> <b>F</b>	<b>6. COLOR OR RACE</b> <b>W</b>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify) <b>WIDOWED</b>	<b>8. DATE OF BIRTH</b> <b>MARCH 31 1875</b>	<b>9. AGE</b> (In years last birthday) <b>80</b>	<b>10. UNDER 1 YEAR</b> Months _____ Days _____	<b>11. UNDER 1 HRS.</b> Hours _____ Min. _____
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<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <b>HOUSEWIFE</b>	<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <b>HOUSEKEEPING</b>	<b>11. BIRTHPLACE</b> (State or foreign country) <b>KNOX CO. MISSOURI</b>	<b>12. CITIZEN OF WHAT COUNTRY?</b> <b>USA</b>
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<b>13a. FATHER'S NAME</b> <b>DAVID BOLTZ</b>	<b>13b. MOTHER'S MAIDEN NAME</b> <b>AMANDA EDEN</b>	<b>14. NAME OF HUSBAND OR WIFE</b> <b>EDGAR S. SMITH</b>
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<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) <b>NO</b>	(If yes, give war or dates of service)	<b>16. SOCIAL SECURITY NO.</b> <b>NONE</b>	<b>17. INFORMANT'S SIGNATURE OR NAME</b> <b>MAXIE GARDNER EDINA MO</b>	<b>ADDRESS</b>
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<b>18. CAUSE OF DEATH</b> 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.	<b>MEDICAL CERTIFICATION</b>		<b>INTERVAL BETWEEN ONSET AND DEATH</b>
<b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <b>Hemorrhage</b>	<b>ANTECEDENT CAUSES</b> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <b>DUE TO (b) Profound Anemia</b> <b>DUE TO (c) Ch. Lymphocytic Anemia</b>		
<b>II. OTHER SIGNIFICANT CONDITIONS</b> Conditions contributing to the death but not related to the disease or condition causing death.			

<b>19a. DATE OF OPERATION</b>	<b>19b. MAJOR FINDINGS OF OPERATION</b> <b>291x</b>	<b>20. AUTOPSY?</b> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)	<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)	<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b>
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<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) (Min.)	<b>21e. INJURY OCCURRED</b> WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	<b>21f. HOW DID INJURY OCCUR?</b>
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**22. I hereby certify that I attended the deceased from** **5-16, 1955**, to **5-18, 1955**, that I last saw the deceased alive on **5-18, 1955**, and that death occurred at **3:40 p.m.**, from the causes and on the date stated above.

<b>23a. SIGNATURE</b> (Degree or title) <b>X W. J. [Signature]</b>	<b>23b. ADDRESS</b> <b>Y KOH Kirksville Mo.</b>	<b>23c. DATE SIGNED</b> <b>5-18-55</b>
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<b>24a. BURIAL, CREMATION REMOVAL</b> (Specify) <b>BURIAL</b>	<b>24b. DATE</b> <b>5-20 1955</b>	<b>24c. NAME OF CEMETERY OR CREMATORY</b> <b>I O O F</b>	<b>24d. LOCATION</b> (City, town, or county) (State) <b>HURDLAND MO.</b>
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<b>DATE REC'D BY LOCAL REG.</b> <b>5-23-55</b>	<b>REGISTRAR'S SIGNATURE</b> <b>Kate Lambert</b>	<b>1-0</b>	<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <b>Herb Beasley</b>	<b>ADDRESS</b> <b>Hurdland Mo</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

No. 300  
10-48

**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 *Scott Easley Jr*

Licensed Embalmer No. *3755*

P. O. Address *Hurdland 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.