

FILED MAY 27 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 14787

BIRTH NO. 28317-55 REG. DIST. NO. 43 PRIMARY REG. DIST. NO. 3007 Registrar's No. 305

1. PLACE OF DEATH a. COUNTY BUTLER			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MO. b. COUNTY BUTLER		
b. CITY (If outside corporate limits, write RURAL and give township) POPLAR BLUFF		c. LENGTH OF STAY (in this place)	c. CITY OR TOWN POPLAR BLUFF	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 POPLAR BLUFF Hosp.			STREET ADDRESS (If rural, give location) 0121		
3. NAME OF DECEASED (Type or Print) a. (First) Donald b. (Middle) Eugene c. (Last) SMITH			4. DATE OF DEATH (Month) (Day) (Year) MAY 15 1955		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) NEVER MARRIED	8. DATE OF BIRTH MAY 14, 1935	9. AGE (In years last birthday) 18	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None		10b. KIND OF BUSINESS OR INDUSTRY None	11. BIRTHPLACE (City and State or Foreign Country) POPLAR BLUFF MO.		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME Kenneth Smith		13b. MOTHER'S MAIDEN NAME JANNETTE King		14. NAME OF HUSBAND OR WIFE None	
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. None	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Kenneth Smith FAGUS 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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary Stenosis ANTECEDENT CAUSES Morbidity 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. Prematurity				INTERVAL BETWEEN ONSET AND DEATH
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 7625			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.) 5233 S.V.	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 7625			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	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 5-14 , 1955, to 5-15 , 1955, that I last saw the deceased alive on 5-15 , 1955, and that death occurred at 7:00 a.m. , from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) W. H. ...		23b. ADDRESS Poplar Bluff, Mo		23c. DATE SIGNED 5/16/55	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE MAY 15, 55	24c. NAME OF CEMETERY OR CREMATORY Gravel Hill	24d. LOCATION (City, town, or county) (State) ST FRANCIS ARK.		
DATE REC'D BY LOCAL REG. 5/19/55	REGISTRAR'S SIGNATURE R. H. Muehle		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Lloyd Russell Piggott Ark.		

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
MAY 23 1955

BUTLER CO. HEALTH CENTER

FILE No. _____

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. 770 working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Leroy J. Tyler

Licensed Embalmer No. 494

P. O. Address Biggest

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.