

STANDARD CERTIFICATE OF DEATH

State File No. 17469

FILED MAY 24 1955

BIRTH NO.		REG. DIST. NO. 391	PRIMARY REG. DIST. NO. 4505	Registrar's No. 11
1. PLACE OF DEATH a. COUNTY STODDARD		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY CAPE,		
b. CITY (If outside corporate limits, write RURAL and give township) BELL CITY,		c. CITY (If outside corporate limits, write RURAL and give township) BELL CITY, 1030		
d. FULL NAME OF HOSPITAL OR INSTITUTION SHETLEY NURSING HOME,		d. STREET ADDRESS (If rural, give location) BELL CITY, MO.		
3. NAME OF DECEASED (Type or Print) a. (First) THOMAS		b. (Middle) H. SMITH,		c. (Last)
4. DATE OF DEATH 4 28- 55		5. SEX Male 6. COLOR OR RACE White		
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH 2-29-1864		9. AGE (In years last birthday) 91 IF UNDER 1 YEAR Months 1 28 IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Labor, River,		10b. KIND OF BUSINESS OR INDUSTRY River work,		11. BIRTHPLACE (State or foreign country) Cape County, 0
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME Jim Smith,		
13b. MOTHER'S MAIDEN NAME Unknown,		14. NAME OF HUSBAND OR WIFE Ester Melvine Smith,		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. None,		17. INFORMANT'S SIGNATURE OR NAME Mrs Thomas Smith, ADDRESS Bell City, 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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocarditis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Senility DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH Not known
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) (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 25 April, 1955, to 28 April, 1955, that I last saw the deceased alive on 25 April, 1955, and that death occurred at 1:00 p. m., from the causes and on the date stated above.				
23a. SIGNATURE W. W. Merrill, D.D. (Degree or title)		23b. ADDRESS Advocate, Mo.		23c. DATE SIGNED 2 May 55
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 4-30-55		24c. NAME OF CEMETERY OR CREMATORY Perkins Cemetery
24d. LOCATION (City, town, or county) Perkins, Mo.		24e. (State)		
DATE REC'D BY LOCAL REG. 5/4/55		REGISTRAR'S SIGNATURE Bernice Marie Boy Shetley, 360		25. FUNERAL DIRECTOR'S SIGNATURE Boy Shetley, ADDRESS Bell City, Mo.

(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 Charles E. Mungle

Licensed Embalmer No. 4877

P. O. Address Cape Girardeau, 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.