

FILED JUL 8 - 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 17906

BIRTH NO.		REG. DIST. NO. 44	PRIMARY REG. DIST. NO. 4062	Registrar's No. 23
1. PLACE OF DEATH a. COUNTY Caldwell		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Caldwell		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Cowgill		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Cowgill, Missouri. 0130		
d. FULL NAME OF HOSPITAL OR INSTITUTION.		d. STREET ADDRESS (If rural, give location) 0		
3. NAME OF DECEASED (Type or Print) a. (First) Henry		b. (Middle) Clifton		c. (Last) Smith
4. DATE OF DEATH (Month) (Day) (Year) June 25 1955				
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorce	8. DATE OF BIRTH May 3-1908	9. AGE (years last birthday) 47
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) U.S. Mail Carrier		10b. KIND OF BUSINESS OR INDUSTRY Rural Route	11. BIRTHPLACE (State or foreign country) Ray County, Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME William A. Smith		13b. MOTHER'S MAIDEN NAME Della Clark		14. NAME OF HUSBAND OR WIFE
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) yes World war #2		16. SOCIAL SECURITY NO. 546-12-8415	17. INFORMANT'S SIGNATURE OR NAME ADDRESS	
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) Coronary Thrombosis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) DUE TO (c) 4201 II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH Sudden
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)		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)	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 June 23, 1955, to June 25, 1955, that I last saw the deceased alive on June 25, 1955, and that death occurred at 5:35 p.m., from the causes and on the date stated above.				
23a. SIGNATURE (Degree or title) O. Kilbourn M.D.		23b. ADDRESS Cowgill, Mo.		23c. DATE SIGNED 6/26/55
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 6/27-1955	24c. NAME OF CEMETERY OR CREMATOR Cowgill Cemetery	24d. LOCATION (City, town, or county) (State) Cowgill Mo.	
DATE REC'D BY LOCAL REG. 7-2-55	REGISTRAR'S SIGNATURE Mrs. Ruth Ann Swigart	499-0	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Crown Clark, Kingston, Mo.	

(Licensed Embalmer's Statement on Reverse Side)

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

TESTED TOP

AUG 1 1955

JUL 28 1955

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.

Signed.....

Cramer Clark

Signed.....

Student Embalmer

Licensed Embalmer No. 3257

P. O. Address Kingston, Mo.

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.