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FILED JUL 12 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 20889

BIRTH NO. _____ REG. DIST. NO. 360 PRIMARY REG. DIST. NO. 6225 Registrar's No. 62

1. PLACE OF DEATH a. COUNTY VERNON		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Greene	
b. CITY OR TOWN Rural Washington		c. CITY OR TOWN Springfield	
c. LENGTH OF STAY (in this place) 8 months 7 days		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION State Hosp # 3 Nevada		e. STREET ADDRESS (If rural, give location) Green County Farm 369 Bland	

3. NAME OF DECEASED (Type or Print) a. (First) George	b. (Middle) W.	c. (Last) Smith	4. DATE OF DEATH (Month) (Day) (Year) July 3 1955
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5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH July 11 1880	9. AGE (In years last birthday) 74	IF UNDER 1 YEAR Months 11	IF UNDER 24 HRS. Days 23	Hours 11	Mins. 17
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer	10b. KIND OF BUSINESS OR INDUSTRY Saw mill	11. BIRTHPLACE (City and State or Foreign Country) Grove Springs Mo	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME James Vernon Smith	13b. MOTHER'S MAIDEN NAME Elizabeth Long	14. NAME OF HUSBAND OR WIFE Widowed
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes or no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME Bobbie Collins	ADDRESS Lebanon Mo
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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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerotic Heart Disease		1 yr
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Fracture Rt Femur DUE TO (c) Chronic Mental Disease		6 months
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		1 yr	

19a. DATE OF OPERATION none	19b. MAJOR FINDINGS OF OPERATION none	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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 **22 Oct 1954**, to **3 July 1955**, that I last saw the deceased alive on **3 July 1955**, and that death occurred at **9:30 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE Frank J. Gwyno (Degree or title) M.D.	23b. ADDRESS State Hosp # 3	23c. DATE SIGNED 3 July 1955
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 7-3-55	24c. NAME OF CEMETERY OR CREMATORY Greenlawn Cemetery	24d. LOCATION (City, town, or county) (State) Springfield, Mo.
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DATE REC'D BY LOCAL REG. 7-8-55	REGISTRAR'S SIGNATURE Anna G. Ferris	451	25. FUNERAL DIRECTOR'S SIGNATURE Klingner Funeral Home	ADDRESS Springfield, Mo.
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(Licensed Embalmer's Statement on Reverse Side)

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

80

1930, 6-17-44

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.....
Signature of Student Embalmer

Signed.....
Licensed Embalmer No. 486

P. O. Address Nevada,

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.