No. 300
10-48

FILED AUG 4 - 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 21315

BIRTH NO. _____ REG. DIST. NO. 43 PRIMARY REG. DIST. NO. 3007 Registrar's No. 421

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

1. PLACE OF DEATH
a. COUNTY Butler
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Poplar Bluff, Mo. 3
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Black River, Municipal Water Works
STREET ADDRESS (If rural, give location) 607 Poplar

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Mo.
b. COUNTY Butler 0124
c. CITY OR TOWN Poplar Bluff
d. Is Residence within limits of a city or incorporated town? Yes ☒ No ☐ 0

3. NAME OF DECEASED (Type or Print)
a. (First) Richard
b. (Middle) Ray
c. (Last) Smoot

4. DATE OF DEATH (Month) (Day) (Year) July 21, 1955

5. SEX Male 0
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never married 0
8. DATE OF BIRTH Feb. 4, 1945
9. AGE (In years last birthday) 10 — IF UNDER 1 YEAR Months 5 Days 10 — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) School boy
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and State or Foreign Country) Paragould, Ark.
12. CITIZEN OF WHAT COUNTRY? U.S.

13a. FATHER'S NAME Wm. Aubrey (Jack) Smoot
13b. MOTHER'S MAIDEN NAME Imogene Thompson
14. NAME OF HUSBAND OR WIFE None

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.
17. INFORMANT'S SIGNATURE OR NAME Jack Smoot ADDRESS Memphis, Tenn.

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) Asphyxiation

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Drowning
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

9298

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION 42 128
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Black River
21c. (CITY, TOWN, OR TOWNSHIP) Poplar Bluff (COUNTY) Butler (STATE) Mo
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) July 21 - 1955 1 P. m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR? Drowned while in swimming

22. *I hereby certify that I attended the deceased from _____, 19__, to _____, 19__, that I last saw the deceased alive on _____, 19__, and that death occurred at* 1:00P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) Grover A Greer 3 Coroner
23b. ADDRESS Poplar Bluff Mo.
23c. DATE SIGNED July 26-55

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 7-24-55
24c. NAME OF CEMETERY OR CREMATORY City Cem.
24d. LOCATION (City, town, or county) (State) Poplar Bluff, Mo.

DATE REC'D BY LOCAL REG. 7/28/55
REGISTRAR'S SIGNATURE By MM R D Mutree M Lee
25. FUNERAL DIRECTOR'S SIGNATURE Frank-Cotrell ADDRESS Poplar Bluff, Mo.

497-0

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
AUG 2 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 emb

by me, or by ..... Student Embalmer No.....

working under my personal supervision.. not Embalmed

Student.....
Signature of Student Embalmer

Signed.....Grover W. Green.....

Licensed Embalmer No.....2 9

P. O. Address.....Poplar Blu

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F
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.