

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **25075**
Registrar's No. **36**

FILED JUL 19 1955

BIRTH NO. _____ REG. DIST. NO. **354** PRIMARY REG. DIST. NO. **4519**

1. PLACE OF DEATH a. COUNTY TEXAS		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MO. b. COUNTY TEXAS	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN CABOOL		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN CABOOL	
c. LENGTH OF STAY (in this place) 4 yrs.		d. STREET ADDRESS (If rural, give location) 1270	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print) a. (First) IDA b. (Middle) MAE c. (Last) SMUCK			4. DATE OF DEATH (Month) (Day) (Year) 7-12-55		
5. SEX F	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH 4-19-1869	9. AGE (In years last birthday) 86	IF UNDER 1 YEAR: MONTHS _____ DAYS _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) CAFE + BAKERY		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) INDIANA	12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME GEO. SHARP		13b. MOTHER'S MAIDEN NAME MARY PADGETT		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) NO	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME Elise Trawie, Cabool		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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 10 years
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Asterio Sclerotic Heart Disease		
	ANTECEDENT CAUSES Morbid 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. Parkinsonian Disease			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 4200	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)	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 **1945**, to **July 11, 1955**, that I last saw the deceased alive on **July 11, 1955**, and that death occurred at **3** m., from the causes and on the date stated above.

23a. SIGNATURE Garnett Coyle	(Degree or title)	23b. ADDRESS Cabool Mo	23c. DATE SIGNED July 15/55
-------------------------------------	-------------------	-------------------------------	------------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 7-16-55	24c. NAME OF CEMETERY OR CREMATORY CABOOL CEMET. CABOOL, MO.	24d. LOCATION (City, town, or county) (State) MO.
DATE REC'D BY LOCAL REG. 7-16-55	REGISTRAR'S SIGNATURE Gaynell Cunningham	25. FUNERAL DIRECTOR'S SIGNATURE Elliott - Centry	ADDRESS Cabool

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.

Signed.....
Student Embalmer

Signed *James L. Hentley*.....

Licensed Embalmer No. *4718*

P. O. Address *Calver, 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.