

No. 300
10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **26849**

FILED SEP 14 1955

BIRTH NO. _____ REG. DIST. NO. **383** PRIMARY REG. DIST. NO. **5655** Registrar's No. **14**

1. PLACE OF DEATH a. COUNTY Lawrence		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Lawrence	
b. CITY (If outside corporate limits, write RURAL and give township) Mt. Vernon		c. CITY OR TOWN Mt. Vernon	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) native		f. STREET ADDRESS (If rural, give location) Rural Route 0550	
d. FULL NAME OF HOSPITAL OR INSTITUTION Residence - Rural Route			

3. NAME OF DECEASED (Type or Print)	a. (First) Knowles	b. (Middle) Clark	c. (Last) Smith	4. DATE OF DEATH (Month) (Day) (Year) 9-9-1955
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5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Aug. 31 1882	9. AGE (In years last birthday) 73	IF UNDER 1 YEAR Months 0 Days 10	IF UNDER 24 HRS. Hours 10 Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer	10b. KIND OF BUSINESS OR INDUSTRY Farmer	11. BIRTHPLACE (City and State or Foreign Country) Lawrence Co., Mo.	12. CITIZENSHIP OF WHAT COUNTRY? Mo. USA
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13a. FATHER'S NAME Clark Smith	13b. MOTHER'S MAIDEN NAME Lucinda Garringer	14. NAME OF HUSBAND OR WIFE Mary Smith
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) no	16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME Mrs. Anna Lou Seneker	ADDRESS Mt. Vernon 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 15 1/2 hrs sudden
	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) First DUE TO (c) Second attack -		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 4201	20. AUTOPSY? YES <input type="checkbox"/> NO <input 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)
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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?
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22. I hereby certify that I attended the deceased from **May 30, 1954**, to **Sept 9, 1955**, that I last saw the deceased alive on **Sept 1, 1955**, and that death occurred at **7 P. M.**, from the causes and on the date stated above.

23a. SIGNATURE R. A. Habink M.D.	23b. ADDRESS (Degree or title) Mt Vernon Mo	23c. DATE SIGNED 9-10-55
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24a. BURIAL, CREMATION, REMOVAL (Specify) burial	24b. DATE 9-13-55	24c. NAME OF CEMETERY OR CREMATORY Odd Fellows Cemetery	24d. LOCATION (City, town, or county) (State) So. of Mt. Vernon Mo.
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DATE REC'D BY LOCAL REG. 9-10-55	REGISTRAR'S SIGNATURE Cecil Handrick 411	25. FUNERAL DIRECTOR'S SIGNATURE Marvin Leman	ADDRESS Miller Mo.
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(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,
Signature of Student Embalmer

Signed *E. P. Leman*

Licensed Embalmer No. 329

P. O. Address *Miller*

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.