

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

30230

State File No.

FILED SEP 26 1955

BIRTH NO. _____ REG. DIST. NO. 227 PRIMARY REG. DIST. NO. 4339 Registrar's No. 97

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

1. PLACE OF DEATH a. COUNTY <u>MONROE</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>MONROE</u>	
b. CITY OR TOWN <u>PARIS</u>		c. CITY OR TOWN <u>PARIS</u> <u>0690</u>	
c. LENGTH OF STAY (in this place) <u>20 yrs</u>		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 <u>RUBEY ST.</u>		STREET ADDRESS (If rural, give location) <u>RUBEY ST.</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>MARGRET</u> b. (Middle) <u>EMMA</u> c. (Last) <u>SMIZER</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>SEPT 20, 1955</u>		
5. SEX <u>FEMALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>	
8. DATE OF BIRTH <u>OCT. 29, 1868</u>		9. AGE (In years last birthday) <u>86</u>		IF UNDER 1 YEAR: Months <u>10</u> Days <u>21</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>OWN HOME</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>MISSOURI</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>					

13a. FATHER'S NAME <u>Wm T. GOLLESON</u>		13b. MOTHER'S MAIDEN NAME <u>RACHEL STALCUP</u>		14. NAME OF HUSBAND OR WIFE <u>ERNEST P. SMIZER</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME <u>MRS. LONE RANDSELL, PARIS, MO.</u>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic Myocarditis</u>		DUE TO (b) <u>arterio-sclerosis</u>			<u>2 1/2 hrs</u>	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		DUE TO (c) <u>4221</u>				
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			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 Sept 17, 1955, to SEPT 20, 1955, that I last saw the deceased alive on SEPT 17, 1955, and that death occurred at 1:00 A.M., from the causes and on the date stated above.

23a. SIGNATURE <u>Wm. M. Speed</u> (Degree or title) <u>M.D.</u>		23b. ADDRESS <u>PARIS, MO.</u>		23c. DATE SIGNED <u>9-20-55</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>9-22-55</u>		24c. NAME OF CEMETERY OR CREMATORY <u>SALEM CH. CEMETERY, MONROE CO., MO.</u>	
24d. LOCATION (City, town, or county) (State)		25. GENERAL DIRECTOR'S SIGNATURE <u>J. A. Barnett</u> ADDRESS <u>PARIS, MISSOURI</u>			
DATE REC'D BY LOCAL REG. <u>9-21-55</u>		REGISTRAR'S SIGNATURE <u>J. A. Barnett</u>		25. GENERAL DIRECTOR'S SIGNATURE <u>J. A. Barnett</u> ADDRESS <u>PARIS, MISSOURI</u>	

SEP 27 1953

DEC 6 1953

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. H. Agnew*.....

Licensed Embalmer No. *4000*

P. O. Address *PARIS, MISSOURI*

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.