

FILED SEP 26 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **30265**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **245** PRIMARY REG. DIST. NO. **3047** Registrar's No. **86**

1. PLACE OF DEATH a. COUNTY <b>Newton</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE <b>Missouri</b> b. COUNTY <b>Newton</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Neosho</b>		c. LENGTH OF STAY (In this place) <b>36 yrs.</b>	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 <b>213 W. Spring St.</b>		e. STREET ADDRESS (If rural, give location) <b>213 W. Spring St.</b>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>Edward</b>	b. (Middle) <b>Bruce</b>	c. (Last) <b>Smith</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>Sept. 11, 1955</b>
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>June 24, 1880</b>
9. AGE (In years last birthday) <b>75</b>	IF UNDER 1 YEAR Months <b>2</b>	IF UNDER 1 YEAR Year <b>17</b>	IF UNDER 24 HRS. Hours <b>11</b> Min. <b>0</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Auditor</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Auditor</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Flora, Illinois</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
13a. FATHER'S NAME <b>Oscar Smith</b>	13b. MOTHER'S MAIDEN NAME <b>America Towsley</b>	14. NAME OF HUSBAND OR WIFE <b>Emma Smith</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Emma Smith Neosho, Mo.</b>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary Thrombosis</b>		
ANTECEDENT CAUSES			
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) <b>Cardio vascular disease</b>	
		DUE TO (c) <b>Hypertension</b>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<b>4201</b>	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input 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 **Aug. 3, 1955** to **Sept. 11, 1955** that I last saw the deceased alive on **Sept. 11, 1955**, and that death occurred at \_\_\_\_\_ m., from the causes and on the date stated above.

23a. SIGNATURE <b>W.E. Mauer M.D.</b>	(Degree or title)	23b. ADDRESS <b>Neosho, Mo.</b>	23c. DATE SIGNED <b>9-16-55</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>Sept. 13, '55</b>	24c. NAME OF CEMETERY OR CREMATORY <b>IOOF Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Neosho Missouri</b>
DATE REC'D BY LOCAL REG. <b>9/16/55</b>	REGISTRAR'S SIGNATURE <b>Melvin C. Bowman</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Clark-Bigham Mortuary</b>	ADDRESS <b>Neosho, Mo.</b>

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

RECEIVED  
Dis...  
Dis...  
Dis...

50  
255

NEWTON COUNTY HEALTH UNIT

NEOSHO, MISSOURI

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 *Jesse C. Sullins Jr.*  
Licensed Embalmer No. 4646

P. O. Address *Neosho, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.