

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

State File No. **33979**

FILED NOV 9 1955

BIRTH NO. _____ REG. DIST. NO. _____ PRIMARY REG. DIST. NO. _____ Registrar's No. **79**

1. PLACE OF DEATH. a. COUNTY <i>Linn</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <i>Missouri</i> b. COUNTY <i>Linn</i>	
b. CITY (If outside corporate limits, write RURAL and give township) <i>Marceline Mo.</i>		c. CITY (If outside corporate limits, write RURAL and give township) <i>Brookfield</i>	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location) <i>0582</i>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>St. Francis Hospital</i>			

3. NAME OF DECEASED (Type or Print) a. (First) <i>Patricia</i> b. (Middle) <i>Cesta</i> c. (Last) <i>Smith</i>			4. DATE OF DEATH (Month) (Day) (Year) <i>Oct 3 1955</i>		
5. SEX <i>F</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>	8. DATE OF BIRTH <i>Mar 7 1915</i>	9. AGE (In years last birthday) <i>40</i>	IF UNDER 1 YEAR Months <i>6</i> Days <i>26</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>at home</i>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <i>Clinton Mo</i>	12. CITIZEN OF WHAT COUNTRY <i>U.S.A.</i>

13a. FATHER'S NAME <i>James Brock</i>		13b. MOTHER'S MAIDEN NAME <i>Nellie Cunningham</i>		14. NAME OF HUSBAND OR WIFE <i>Bernard Smith Jr</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <i>No</i>		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME <i>Bernard Smith Jr</i> 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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <i>6 hrs</i>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Pulmonary edema</i>		
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>Pneumogranuloma right</i> DUE TO (c) <i>Diffuse nodular cirrhosis</i>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <i>constrictive abdomen, stomach, colon to anterior abdominal wall.</i>		5810	

19a. DATE OF OPERATION <i>1954</i>	19b. MAJOR FINDINGS OF OPERATION <i>mesenteric lymphadenitis, abdominal adhesions.</i>		20. AUTOPSY? YES <input checked="" 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) m.	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 _____, 19____, to *Oct 3, 1955*, that I last saw the deceased alive on *Oct 2, 1955*, and that death occurred at *1:29 m.*, from the causes and on the date stated above.

23a. SIGNATURE <i>John R Dixon M.D.</i> (Degree or title)	23b. ADDRESS <i>Brookfield Mo</i>	23c. DATE SIGNED <i>10-3-55</i>
24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <i>Oct 5 1955</i>	24c. NAME OF CEMETERY OR CREMATORY <i>St. Michael's</i>
		24d. LOCATION (City, town, or county) (State) <i>Brookfield Mo.</i>

DATE REC'D BY LOCAL REG. <i>11-5-55</i>	REGISTRAR'S SIGNATURE <i>M. Jane Raguney</i> 401-0	25. FUNERAL DIRECTOR'S SIGNATURE <i>Thomas K. Bowden</i> ADDRESS <i>Brookfield Mo.</i>
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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
Student Embalmer

Signed.....

Homer Bowden

Licensed Embalmer No. *3295*

P. O. Address *Brookfield Mo*

Note: The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.