

FILED DEC 1 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 35919

BIRTH NO.		REG. DIST. NO. 14		PRIMARY REG. DIST. NO. 5065		Registrar's No. 24	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).			
a. COUNTY Barton		b. CITY (If outside corporate limits, write RURAL and give township) Liberal Ozark		c. LENGTH OF STAY (In this place) all		d. FULL NAME OF HOSPITAL OR INSTITUTION ozark Twp. Liberal R2	
a. STATE Missouri		b. COUNTY Barton		c. CITY OR TOWN Liberal R2 Ozark		d. STREET ADDRESS R2 0060	
3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH (Month) (Day) (Year)				
a. (First) Alva		b. (Middle) Cinclair		c. (Last) Smith		Nov. 18 1955	
5. SEX M		6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married		8. DATE OF BIRTH May 2 1886	
9. AGE (In years last birthday) 69		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farm		11. BIRTHPLACE (State or foreign country) Missouri	
12. CITIZEN OF WHAT COUNTRY U.S.A.		13a. FATHER'S NAME James B. Smith		13b. MOTHER'S MAIDEN NAME Mary E. Schmalhorst		14. NAME OF HUSBAND OR WIFE Myrtle Smith	
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. no		17. INFORMANT'S SIGNATURE OR NAME Mrs. Myrtle Smith			
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Acute Circulatory Failure		ANTecedent CAUSES (b) Coronary Embolism				5 MIN.	
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (c) Arteriosclerosis				2 yrs.	
II. OTHER SIGNIFICANT CONDITIONS Acute lobar Pneumonia & Recovery.						3 wks.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 4201				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) 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 Mar. 28, 1955, to Oct. 31, 1955, that I last saw the deceased alive on Oct. 31, 1955, and that death occurred at 2:30 p.m., from the causes and on the date stated above.							
23a. SIGNATURE M.H. Kneeland, D.D.				23b. ADDRESS Liberal, Mo.		23c. DATE SIGNED 11-20-55	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 11-21-1955		24c. NAME OF CEMETERY OR CREMATORY Garden of Memories		24d. LOCATION (City, town, or county) (State) Pittsburg Kansas	
DATE REC'D BY LOCAL REG. Nov 26 1955		REGISTRAR'S SIGNATURE Charlotte McDowell		25. FUNERAL DIRECTOR'S SIGNATURE J.M. Berkey Mulberry, Kansas			

(Licensed Embalmer's Statement on Reverse Side)

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

J. M. Berkey

Licensed Embalmer No. 2336

P. O. Address Mulberry, Pa

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.