

FILED NOV 29 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

37390

State File No.

BIRTH NO.		REG. DIST. NO. <u>383</u>		PRIMARY REG. DIST. NO. <u>5655</u>		Registrar's No. <u>32</u>		
1. PLACE OF DEATH a. COUNTY <u>Lawrence</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Texas</u>				
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>Mt. Vernon, Missouri</u>)		c. LENGTH OF STAY (in this place) <u>876 days</u>		c. CITY OR TOWN <u>Willow Springs</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Mo. State Sanatorium</u>				e. STREET ADDRESS (If rural, give location) <u>Route 3</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>Harry</u> b. (Middle) <u>F.</u> c. (Last) <u>Smith</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 21, 1955</u>					
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>April 18, 1902</u>		
9. AGE (In years last birthday) <u>53</u>		IF UNDER 1 YEAR Months		IF UNDER 2 HRS. Days		IF UNDER 4 HRS. Hours Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer & Mechanic</u>			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City) and State or Foreign Country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>John S. Smith</u>			13b. MOTHER'S MAIDEN NAME <u>Olla Mae Walls</u>			14. NAME OF HUSBAND OR WIFE <u>Clara Belle Smith</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>494-18-5680</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>San. records, Mo. State San., Mt. Vernon, Mo.</u>				
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <u>Cor pulmonale</u>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cor pulmonale</u> INTERVAL BETWEEN ONSET AND DEATH *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death. ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>4343A</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death. Pulmonary tuberculosis far advanced approx. 3 yr.</u>						
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) 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 <u>6-28-53</u> , 19 <u>53</u> , to <u>11-21-</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>11-21-</u> , 19 <u>55</u> , and that death occurred at <u>8:05 Pm.</u> , from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) <u>Ch. Brasher M.D.</u>				23b. ADDRESS <u>Mt. Vernon, Missouri</u>		23c. DATE SIGNED <u>11-22-55</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>11-22-55</u>		24c. NAME OF CEMETERY OR CREMATORY		24d. LOCATION (City, town, or county) (State) <u>Willow Springs, Mo.</u>		
DATE REC'D BY LOCAL REG. <u>11-22-55</u>		REGISTRAR'S SIGNATURE <u>Cecil Hendrick #11</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Edna L. Fessett, Mt. Vernon, Mo.</u>				

(Licensed Embalmer's Statement on Reverse Side)

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

0.300
0.48

OCT 30 1957

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emb

by me, or by Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed..... *Max L. Fossett*

Licensed Embalmer No. *42*

P. O. Address *W. W. New*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F
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.