

FILED JAN 3 - 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

40267

State File No.

BIRTH NO. _____		REG. DIST. NO. <u>128</u>		PRIMARY REG. DIST. NO. <u>5452</u>		Registrar's No. <u>1144-A</u>			
1. PLACE OF DEATH a. COUNTY <u>Greene</u>				2. USUAL RESIDENCE (Where deceased lived. If Institution: residence before admission). --a. STATE <u>Missouri</u> b. COUNTY <u>Greene</u>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural, Boone</u>		c. LENGTH OF STAY (in this place)		c. CITY OR TOWN <u>Walnut Grove</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) <u>R R #1 Walnut Grove</u>				e. STREET ADDRESS (If rural, give location) <u>R #1 0290</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>ABBIGAIL</u>			b. (Middle)		c. (Last) <u>SMITH</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Dec 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>Aug 8 - 1878</u>		9. AGE (In years last birthday) <u>77</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>home</u>		11. BIRTH PLACE (City and State or Foreign Country) <u>Ash Grove, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>		
13a. FATHER'S NAME <u>James Braitham</u>			13b. MOTHER'S MAIDEN NAME <u>Mary (unknown)</u>			14. NAME OF HUSBAND OR WIFE <u>Lewis Smith</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, (specify branch); (No, (unknown)) <u>No</u>		16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Ike Braitham - Ash Grove Mo</u>				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, ashenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Circulatory Failure</u>				INTERVAL BETWEEN ONSET AND DEATH <u>2 hrs.</u>	
				ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Coronary Thrombosis with myocardial infarction</u>				<u>2 hrs.</u>	
				DUE TO (c) <u>Arteriosclerosis</u>				<u>Years</u>	
				II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>4201</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) (Min.)		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>10-8-55</u> , 19 <u> </u> , to <u>12-20-55</u> , 19 <u> </u> , that I last saw the deceased alive on <u>12-19-55</u> , 19 <u> </u> , and that death occurred at <u>4:00 a.m.</u> , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <u>Homer F. Matz, D.O.</u>				23b. ADDRESS <u>Ash Grove, Missouri</u>			23c. DATE SIGNED <u>12-20-55</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>12-22-55</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Kelley Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Ash Grove, Mo.</u>			
DATE REC'D BY LOCAL REG. <u>12-28-55</u>		REGISTRAR'S SIGNATURE <u>Edith Williamson</u>			25. FUNERAL DIRECTOR'S SIGNATURE <u>Bruce - Daniel - Walnut Grove - Mo.</u>				

(Licensed Embalmer's Statement on Reverse Side)

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

b. 300
b. 48

OCT 25 1957

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.....
Joseph L. Dorey

Licensed Embalmer No. 770

P. O. Address *Csh Grov*

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.