

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **43553**

FILED NOV 19 1956

BIRTH NO. **97796-55** REG. DIST. NO. **102** PRIMARY REG. DIST. NO. **4174** Registrar's No. _____

1. PLACE OF DEATH a. COUNTY DUNKLIN		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY DUNKLIN	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN CARDWELL		c. LENGTH OF STAY (in this place)	c. CITY OR TOWN CARDWELL
d. FULL NAME OF HOSPITAL OR INSTITUTION CARDWELL		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
		e. STREET ADDRESS (If rural, give location) 0350	

3. NAME OF DECEASED (Type or Print)	a. (First) RANDLE	b. (Middle) KEITH	c. (Last) SMITH	4. DATE OF DEATH (Month) (Day) (Year) 12-18-1955
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5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) INFANT	8. DATE OF BIRTH 12-13-1955	9. AGE (In years last birthday) 0	# UNDER 1 YEAR Months 0	# UNDER 1 YEAR Days 5	# UNDER 1 MIN. Hours 	# UNDER 1 MIN. Mins.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) NONE	10b. KIND OF BUSINESS OR INDUSTRY NONE	11. BIRTHPLACE (City and State or Foreign Country) CARDWELL, Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME ALFRED SMITH	13b. MOTHER'S MAIDEN NAME MAVIS HEFFNER	14. NAME OF HUSBAND OR WIFE
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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. NONE	17. INFORMANT'S SIGNATURE OR NAME Mrs. MAVIS SMITH	ADDRESS CARDWELL, Mo.
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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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Primatary Infant		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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) 776K
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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?
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22. I hereby certify that I attended the deceased from **12-13**, 19**55**, to **12-18**, 19**55**, that I last saw the deceased alive on **12-17**, 19**55**, and that death occurred at **3:30 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE W. W. English MD (Degree or title)	23b. ADDRESS Cardwell, Mo.	23c. DATE SIGNED 1-27-56
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 12-18-1955	24c. NAME OF CEMETERY OR CREMATORIUM CARDWELL	24d. LOCATION (City, town, or county) (State) CARDWELL DUNKLIN, Mo.
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DATE REC'D BY LOCAL REG. 2-14-56	REGISTRAR'S SIGNATURE Hubert B. Baird	25. FUNERAL DIRECTOR'S SIGNATURE McDaniel Funeral Ser. ADDRESS Senath + Cardwell Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED DUNKLIN COUNTY HEALTH

DEPARTMENT.....11-14-56.....

COUNTY FILE NUMBER ..1156-426

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.....
Edmund L. Brown

Licensed Embalmer No. 484

P. O. Address *Senath*

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.