

FILED FEB 1 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

34

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 1 PRIMARY REG. DIST. NO. 3000 Registrar's No. 24

1. PLACE OF DEATH a. COUNTY <u>Adair</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Scotland</u>	
b. CITY OR TOWN <u>Kirksville</u>	c. LENGTH OF STAY (In this place) <u>1 day</u>	c. CITY OR TOWN <u>Memphis</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 <u>Laughlin Hospital</u>		e. STREET ADDRESS (If rural, give location) <u>099<sup>th</sup></u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>James</u> b. (Middle) <u>C.</u> c. (Last) <u>Smith</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Jan. 21 1956</u>
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5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Dec. 8, 1873</u>	9. AGE (In years last birthday) <u>82</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>	10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (City and State or Foreign Country) <u>Scotland Co. Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>
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13a. FATHER'S NAME <u>Thomas H. Smith</u>	13b. MOTHER'S MAIDEN NAME <u>Mary M. McKnight</u>	14. NAME OF HUSBAND OR WIFE <u>Edith Smith</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u> (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. <u>492-42-5421</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Edith Smith</u>	ADDRESS <u>Memphis, Mo.</u>
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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.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Left cerebral hemorrhage</u>		<u>15 hrs</u>
	ANTECEDENT CAUSES DUE TO (b) <u>right hemiplegia</u> DUE TO (c) <u>Hypertensive cardiovascular disease</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			<u>Yes</u>

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____	<u>443x</u>	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) _____
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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 1/20, 1956, to 1/21, 1956, that I last saw the deceased alive on 1/21, 1956 and that death occurred at 5:30 a.m., from the causes and on the date stated above.

23a. SIGNATURE <u>James Pluse</u> (Degree or title) _____	23b. ADDRESS <u>202 Kirksville, Mo</u>	23c. DATE SIGNED <u>1/24/56</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Jan. 24 1956</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Memphis</u>	24d. LOCATION (City, town, or county) (State) <u>Memphis Mo.</u>
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DATE REC'D BY LOCAL REG. <u>1-26-56</u>	REGISTRAR'S SIGNATURE <u>Kate Lamberts</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Fred Hut</u>	ADDRESS <u>Memphis Mo</u>
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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 Myself, Student Embalmer No. .... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed.....  
Fred Holt

Licensed Embalmer No. 4848

P. O. Address Murphy

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.