

FILED MAR 5 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **3831**

BIRTH NO. _____		REG. DIST. NO. 38		PRIMARY REG. DIST. NO. 4048		Registrar's No. 78			
1. PLACE OF DEATH a. COUNTY Boone				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Boone					
b. CITY OR TOWN Rocheport		c. LENGTH OF STAY (In this place)		c. CITY OR TOWN Rocheport		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION				e. STREET ADDRESS (If rural, give location) 0100					
3. NAME OF DECEASED a. (First) CLARENCE			b. (Middle)		c. (Last) SMITH		4. DATE OF DEATH (Month) (Day) (Year) Feb. 23 - 1956		
5. SEX Male		6. COLOR OR RACE Negro		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married		8. DATE OF BIRTH (last birthday) Oct. 16 - 1884		9. AGE (In years) (Month) (Day) (Hour) (Min.) 71	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) waiter			10b. KIND OF BUSINESS OR INDUSTRY Fraternity		11. BIRTHPLACE (City and State or Foreign Country) Rocheport Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13a. FATHER'S NAME John Smith			13b. MOTHER'S MAIDEN NAME unknown		14. NAME OF HUSBAND OR WIFE Cellena Smith				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) no			16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME Cellena Smith ADDRESS Rocheport Mo.				
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary occlusion				INTERVAL BETWEEN ONSET AND DEATH minutes	
				ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) hypertensive cardiovascular disease				2 years	
				DUE TO (c) none					
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.									
19a. DATE OF OPERATION none		19b. MAJOR FINDINGS OF OPERATION 4201						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) natural		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office, highway, etc.) none		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 July , 19 53 , to Feb 23 , 19 56 , that I last saw the deceased alive on Feb 16 , 19 56 , and that death occurred at 6 p. m., from the causes and on the date stated above.									
23a. SIGNATURE Wm J. Shaw, Jr M.D.				23b. ADDRESS Lee Hospital, Fayette, Mo		23c. DATE SIGNED 2-25-56			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Feb. 26 - 1956		24c. NAME OF CEMETERY OR CREMATORY Rocheport		24d. LOCATION (City, town, or county) (State) Rocheport Mo			
DATE REC'D BY LOCAL REG. Feb. 25 1956		REGISTRAR'S SIGNATURE Mrs R E Palmer		25. FUNERAL DIRECTOR'S SIGNATURE Stuart O. Parker		ADDRESS Columbia, Mo.			

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~~, Student Embalmer No. working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Stewart H. Parker*

Licensed Embalmer No. *290*

P. O. Address *Columbia*

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.