

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **7762**
Registrar's No. **29**

FILED FEB 28 1956

BIRTH NO. _____ REG. DIST. NO. **340** PRIMARY REG. DIST. NO. **3075**

1. PLACE OF DEATH a. COUNTY Stoddard		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) -a. STATE Missouri b. COUNTY Stoddard	
b. CITY (If outside corporate limits, write RURAL and give town(ship); OR TOWN Dexter		c. CITY OR TOWN Dexter	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 Residence		e. STREET ADDRESS (If rural, give location) East Grant 103/0	

3. NAME OF DECEASED (Type or Print)	a. (First) Carson	b. (Middle) W.	c. (Last) Smith	4. DATE OF DEATH (Month) (Day) (Year) Feb. 17, 1956
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Feb. 23, 1880	9. AGE (In years last birthday) 75	IF UNDER 1 YEAR Months 11 Days 24	IF UNDER 4 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Real Estate & Insurance salesman	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) Auburn, Kentucky	12. CITIZEN OF WHAT COUNTRY? U. S.
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13a. FATHER'S NAME J. W. Smith	13b. MOTHER'S MAIDEN NAME Unknown	14. NAME OF HUSBAND OR WIFE Frances Smith
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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.	17. INFORMANT'S SIGNATURE OR NAME E. Grant ADDRESS Mrs. Frances Smith, Dexter, Missouri
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 2 1/2 hrs 5 yrs
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Coridive debilitation		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Plu Myocarditis 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) 4222
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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?
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22. I hereby certify that I attended the deceased from **Feb 15, 1956** to **Feb 17, 1956**, that I last saw the deceased alive on **Feb 17, 1956**, and that death occurred at **9:00 A.M.** from the causes and on the date stated above.

23a. SIGNATURE E. Grant (Degree or title)	23b. ADDRESS Dexter, Mo.	23c. DATE SIGNED 2/20/56
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 2-20-56	24c. NAME OF CEMETERY OR CREMATORY EDextérfeld	24d. LOCATION (City, town, or county) (State) EDextér, d, Missouri
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DATE REC'D BY LOCAL REG. 2-21-56	REGISTRAR'S SIGNATURE Delena V Jenks	25. FUNERAL DIRECTOR'S SIGNATURE Strickland-Rainey ADDRESS Dexter, Mo.
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WRITE PLAINLY—USING UNFAADING 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.....
L. C. Miller *Embalmer*

Licensed Embalmer No... 490

P. O. Address *Deater, T.*

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.