

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

State File No. **10231**
Registrar's No. **888**

FILED APR 9 - 1956

BIRTH NO. _____ REG. DIST. NO. **294** PRIMARY REG. DIST. NO. **3056**

1. PLACE OF DEATH a. COUNTY RANDOLPH b. CITY OR TOWN MOBERLY c. LENGTH OF STAY (in this place) 2 WEEKS d. FULL NAME OF HOSPITAL OR INSTITUTION WOODLARD		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY CHARITON c. CITY OR TOWN BRUNSWICK 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) 02101	
3. NAME OF DECEASED (Type or Print) BUTLER (First) b. (Middle) c. (Last) SMITH		4. DATE OF DEATH (Month) (Day) (Year) 3--27-1956	
5. SEX MALE 6. COLOR OR RACE WHITE 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED		8. DATE OF BIRTH 3-15-1888 9. AGE (In years, last birthday) 68	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) VETERINARIAN		10b. KIND OF BUSINESS OR INDUSTRY SAME	
11. BIRTHPLACE (City and State or Foreign Country) VIRGINIA		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME FULLER SMITH		13b. MOTHER'S MAIDEN NAME NANCY ARTRUP	
14. NAME OF HUSBAND OR WIFE ROSIE SMITH			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give way or dates of service) YES 1ST WORLD WAR		16. SOCIAL SECURITY NO. NONE	
17. INFORMANT'S SIGNATURE OR NAME MRS. ROSIE SMITH		ADDRESS BRUNSWICK	
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) Myocardial Failure INTERVAL BETWEEN ONSET AND DEATH 24 hours ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerotic Heart Disease DUE TO (c) Pyloric Stenosis - Scar - Old Duodenal Ulcer	
19a. DATE OF OPERATION 24 Mar 56		19b. MAJOR FINDINGS OF OPERATION Duodenal obstruction	
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)		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 Mar 24, 1956 , to Mar 27, 1956 , that I last saw the deceased alive on 27 Mar, 1956 , and that death occurred at 6:18 m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) Walter G. Moore		23b. ADDRESS Moberly Mo	
23c. DATE SIGNED 3/31/56			
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 3-30-1956	
24c. NAME OF CEMETERY OR CREMATORY ELLIOTT GROVE		24d. LOCATION (City, town, or county) (State) BRUNSWICK Mo	
DATE REC'D BY LOCAL REG. 3-30-56		25. FUNERAL DIRECTOR'S SIGNATURE L. H. Moore	
REGISTRAR'S SIGNATURE Teahelme		ADDRESS Brumwick Mo	

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

APR 10 1930

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. W. Cecil*

Licensed Embalmer No. *8*

P. O. Address *Bruce*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. 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.