

FILED MAY 14 1956

STANDARD CERTIFICATE OF DEATH

12648

STATE FILE NUMBER

Registration District No. 61 Primary Registration District No. 5237 Registrar's No. 33

1. PLACE OF DEATH a. COUNTY <u>Cedar Co.</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Cedar Co.</u>					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Ellenwood Springs</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		c. CITY OR TOWN <u>Cedar Ellenwood Springs</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Home</u>			Length of stay in lb <u>Life time</u>		d. STREET ADDRESS (If outside, give location) <u>Rt 5</u>		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First Middle Last <u>WILLIAM F. SMITH</u>				4. DATE OF DEATH Month Day Year <u>May 3-1956</u>					
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <u>Dec 8 1868</u>		9. AGE (In years last birthday) <u>87</u>		10. UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.	
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 <u>Self-</u>		11. BIRTHPLACE (City and state or country) <u>Cedar Co. Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		
13. FATHER'S NAME <u>James Smith</u>				14. MOTHER'S MAIDEN NAME <u>Rebecca Cary</u>					
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (es. no. or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO.		17. INFORMANT Address <u>Era Smith Rt 5 Ellenwood Springs</u>				
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Coronary Occlusion</u> <u>Arterio Sclerosis</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____								INTERVAL BETWEEN ONSET AND DEATH <u>chronic</u>	
20a. ACCIDENT SUICIDE HOMICIDE <u>No No No</u>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) <u>none</u>						
20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m. <u>None</u>			20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>						
20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) <u>None</u>			20f. CITY, TOWN, OR LOCATION <u>None</u>			COUNTY		STATE	
21. I attended the deceased from <u>1-2-56</u> to <u>5-2-56</u> and last saw ^{him} alive on <u>5-2-56</u> Death occurred at <u>12:40</u> A. M. on the date stated above; and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE (Degree or title) <u>J. W. Richards M.D.</u>				22b. ADDRESS <u>El Dorado Spgs. Rt 2</u>			22c. DATE SIGNED <u>5-3-56</u>		
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>5-6-56</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Lehigh Cem.</u>			23d. LOCATION (City, town, or county) (State) <u>Ellenwood Spgs. Mo.</u>			
24. FUNERAL DIRECTOR ADDRESS <u>Wm. Luther Ellenwood Spgs</u>				25. DATE RECD. BY LOCAL REG. <u>5-6-56</u>		26. REGISTRAR'S SIGNATURE <u>George W. Nefus</u>			

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was
by me, or by, Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed

Floyd E. Crothers

Licensed Embalmer No. 44

P. O. Address *Callahan*

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.