FILED APR 23 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 12654

BIRTH NO. _____ REG. DIST. NO. 64 PRIMARY REG. DIST. NO. 5245 Registrar's No. 28

1. PLACE OF DEATH
a. COUNTY: Chariton
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural-Keytesville Twp.
c. LENGTH OF STAY (in this place): 2½ Years
d. FULL NAME OF HOSPITAL OR INSTITUTION: Chariton County Rest Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo.
b. COUNTY: Chariton
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Keytesville Twp. 21C
d. STREET ADDRESS (If rural, give location): 2-Miles E. of Keytesville, Mo.

3. NAME OF DECEASED (Type or Print)
a. (First): Omer
b. (Middle): ------
c. (Last): Smith

4. DATE OF DEATH (Month) (Day) (Year): April 17th, 1956

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widow
8. DATE OF BIRTH: Sept. 17th, 1877
9. AGE (In years last birthday): 78 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Housewife
11. BIRTHPLACE (State or foreign country): Keytesville, Mo.
12. CITIZEN OF WHAT COUNTRY?: U.S.A.
13a. FATHER'S NAME: Marion Cox
13b. MOTHER'S MAIDEN NAME: Mary Jane Cox
14. NAME OF HUSBAND OR WIFE: Walter Smith
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S SIGNATURE OR NAME: Temple Smith — ADDRESS: Brunswick, 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, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Apoplexy — INTERVAL BETWEEN ONSET AND DEATH: 3/20/56

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) _____

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
334X
20. AUTOPSY? YES ☐ NO ☒

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Mar 20, 19 56, *to* April 17, 19 56, *that I last saw the deceased alive on* April 16 19 56 *and that death occurred at* 11:30 A.M., *from the causes and on the date stated above.*

23a. SIGNATURE: Carl C. Hagen (Degree or title) M.D.
23b. ADDRESS: Keytesville Mo
23c. DATE SIGNED: 4/18/56

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: April 19, 1956
24c. NAME OF CEMETERY OR CREMATORY: Asbury
24d. LOCATION (City, town, or county) (State): Chariton County Mo.

DATE REC'D BY LOCAL REG.: 4-21-56
REGISTRAR'S SIGNATURE: W. Hawkins
25. FUNERAL DIRECTOR'S SIGNATURE: W. D. Smith — ADDRESS: Keytesville, Mo.

(Licensed Embalmer's Statement on Reverse Side)

JUL 16 1956

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 .....
Student Embalmer

Signed Lilburn K. Tillotson

Licensed Embalmer No. 4708

P. O. Address Maceline, M

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to compl the above constitutes grounds for revocation of license.)

* If this body is not embalmed, fact should be so stated above.