THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

20029
STATE FILE NUMBER

FILED JUN 19 1956 Registration District No. 96 Primary Registration District No. 6347 Registrar's No. 41

1. PLACE OF DEATH
a. COUNTY Dallas
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Buffalo — Inside Limits Yes ☐ No ☒
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) 2 mile N of town — Length of stay in 1b

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Dallas
c. CITY OR TOWN Buffalo — Inside Limits Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location) 2 mile N. of town — Reside on Farm Yes ☒ No ☐

3. NAME OF DECEASED (Type or print) First: HOMER Middle: LESTER Last: Smith
4. DATE OF DEATH Month: JUNE Day: 8 Year: 1956
5. SEX Male
6. COLOR OR RACE White
7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH Dec. 17, 1888
9. AGE (In years last birthday) 67 — IF UNDER 24 HRS. Months 5 Days 21 Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER
10b. KIND OF BUSINESS OR INDUSTRY Farming
11. BIRTHPLACE (City and state or country) Bigelow, MO.
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME John Smith
14. MOTHER'S MAIDEN NAME UNKNOWN
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) UNKNOWN (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. —
17. INFORMANT Bob Smith Address Buffalo, MO.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] — INTERVAL BETWEEN ONSET AND DEATH

PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Coronary thrombosis

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b)
DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 4201

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)
20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased ~~last~~ on June 7, 1956, to ____ and last saw him alive ~~on~~ 11:00 Pm June 7, 1956
Death occurred at 12:35 A. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or Title) 2
22b. ADDRESS Buffalo, MO.
22c. DATE SIGNED 6/11/56

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 6/11/56
23c. NAME OF CEMETERY OR CREMATORY Mission Ridge
23d. LOCATION (City, town, or county) (State) Urbana, MO.

24. FUNERAL DIRECTOR L. B. Jones ADDRESS Buffalo, MO.
25. DATE RECD. BY LOCAL REG. 6/12/56
26. REGISTRAR'S SIGNATURE

(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 Gene C. Hunter

Licensed Embalmer No. 4

P. O. Address Buffal

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.