

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

22132

FILED JUN 20 1956

State File No.

BIRTH NO. REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **5535**

1. PLACE OF DEATH a. COUNTY St. Louis - City		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Pettis	
b. CITY (If outside corporate limits, write RURAL and give township) St. Louis		c. CITY OR TOWN Sedalia	d. Is Residence within limits of a city or incorporated town? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
c. LENGTH OF STAY (in this place) 3 Mo.		STREET ADDRESS (If rural, give location) 1208 S. Stewart	
d. FULL NAME OF HOSPITAL OR INSTITUTION Mol. Pac. Employees Hosp			

3. NAME OF DECEASED (Type or Print) a. (First) JAMES b. (Middle) HAROLD c. (Last) SMITH		4. DATE OF DEATH (Month) (Day) (Year) June 10, 1956	
5. SEX <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Nov. 10, 1911
9. AGE (In years last birthday) 44		IF UNDER 1 YEAR Months 11 Days 14	IF UNDER 4 HRS. Hours 11 Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Machinist		10b. KIND OF BUSINESS OR INDUSTRY Railroad	11. BIRTHPLACE (City and State or Foreign Country) Windsor, Missouri
12. CITIZEN OF WHAT COUNTRY? USA			

13a. FATHER'S NAME Walter L. Smith	13b. MOTHER'S MAIDEN NAME Sarah Gordon Lagie	14. NAME OF HUSBAND OR WIFE Virginia Smith
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. 702-16-3131	17. INFORMANT'S SIGNATURE OR NAME Mrs. Virginia, Smith, Sedalia, Mo	ADDRESS
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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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Adeno-CARCINOMA Lung-Right		INTERVAL BETWEEN ONSET AND DEATH 2-28-56
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) with Metastases DUE TO (c) 16.3x		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. #62x			

19a. DATE OF OPERATION 3-31-56	19b. MAJOR FINDINGS OF OPERATION CARCINOMA Right Lung with Pleural Metastases	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) NONE	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) NONE	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) NONE
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) NONE	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? NONE
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22. I hereby certify that I attended the deceased from **Feb 28, 1956**, to **June 10, 1956**, that I last saw the deceased alive on **June 10, 1956**, and that death occurred at **5:30 Pm.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Joseph A. Teubar M.D.	23b. ADDRESS 1755 S. Hard.	23c. DATE SIGNED 6-10-56
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE June 12, 1956	24c. NAME OF CEMETERY OR CREMATORY Memorial Park	24d. LOCATION (City, town, or county) (State) Sedalia, Missouri
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DATE REC'D BY LOCAL REG. JUN 11 1956	REGISTRAR'S SIGNATURE J. Carl Smith, M.D.	25. FUNERAL DIRECTOR'S SIGNATURE Gillespie Funeral Home, Sedalia, Mo	ADDRESS
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

01-
4 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. 527 working under my personal supervision..

Student Clifford Kouza
Signature of Student Embalmer

Signed D. W. Heckart

Licensed Embalmer No. 3470

P. O. Address SEDALIA, MO

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.