

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

29606

State File No.

FILED SEP 4 1956

BIRTH NO. _____ REG. DIST. NO. 381 PRIMARY REG. DIST. NO. 4515 Registrar's No. 68

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|---|---|--|---|
| 1. PLACE OF DEATH a. COUNTY <u>Sullivan</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Sullivan</u> | |
| b. CITY (If outside corporate limits, write RURAL and give town(ship)) OR TOWN <u>Milan</u> | c. LENGTH OF STAY (In this place) <u>664 1/2</u> | c. CITY OR TOWN <u>Milan</u> | d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/> |
| d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION | | e. STREET ADDRESS (If rural, give location) <u>1050 0</u> | |

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| 3. NAME OF DECEASED (Type or Print) a. (First) <u>William</u> b. (Middle) <u>Nelson</u> c. (Last) <u>Smith</u> | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>8 23 - 56</u> | | |
| 5. SEX <u>M</u> | 6. COLOR OR RACE <u>W</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u> | 8. DATE OF BIRTH <u>2-10-1890</u> | 9. AGE (In years last birthday) <u>66</u> | IF UNDER 1 YEAR Months <u>6</u> Days <u>13</u> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Fry Cook</u> | | 10b. KIND OF BUSINESS OR INDUSTRY | | 11. BIRTHPLACE (City and State or Foreign Country) <u>Milan - Mo</u> | |
| 13a. FATHER'S NAME <u>Wm. Smith</u> | | 13b. MOTHER'S MAIDEN NAME <u>Laura VanDiver</u> | | 14. NAME OF HUSBAND OR WIFE <u>Hazel Thompson</u> | |

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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u> | 16. SOCIAL SECURITY NO. | 17. INFORMANT'S SIGNATURE OR NAME <u>Hazel Smith</u> | ADDRESS <u>Milan Mo</u> |
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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, asthenia, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION | | INTERVAL BETWEEN ONSET AND DEATH <u>2 yrs.</u> |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary R. Throat</u> | | |
| | 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. | | |

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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
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| 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) <u>148x</u> |
| 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 1, 1956, to 8-23, 1956, that I last saw the deceased alive on 8-22, 1956, and that death occurred at 9:40 m., from the causes and on the date stated above.

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| 23a. SIGNATURE (Degree or title) <u>E. W. Simpson, D.O.</u> | 23b. ADDRESS <u>Milan</u> | 23c. DATE SIGNED <u>8-25-56</u> |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Buried</u> | 24b. DATE <u>8/24/56</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Oakwood Cem</u> | 24d. LOCATION (City, town, or county) (State) <u>Milan Mo</u> |
| DATE REC'D BY LOCAL REG. <u>8-27-56</u> | REGISTRAR'S SIGNATURE <u>Mrs. M. W. Beckett</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Schoenes</u> <u>August Schoenes</u> | |

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

325-0

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 *Dwight Schoene*.....

Licensed Embalmer No. *2667*.....

P. O. Address *Mulau - W*.....

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.