Health, Welfare Public Service

300
1-56

FILED OCT 15 1956

THE DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER 31254

Registration District No. 172 Primary Registration District No. 4272 Registrar's No. 78

1. PLACE OF DEATH a. COUNTY Lafayette	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Lafayette
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Waverly — Inside Limits Yes ☒ No ☐	c. CITY OR TOWN Dover — Inside Limits Yes ☐ No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Kelling Clinic — Length of stay in Ib 8 hr.	d. STREET ADDRESS none (If outside, give location) — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print)	First: Jesse	Middle: Lester	Last: Smith	4. DATE OF DEATH	Month: 9	Day: 29 Year: 1956
5. SEX: Male	6. COLOR OR RACE: White	7. MARRIED ☐ NEVER MARRIED ☒ WIDOWED ☐ DIVORCED ☐	8. DATE OF BIRTH: Dec. 12/1882	9. AGE (In years last birthday): 73	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): Farming	10b. KIND OF BUSINESS OR INDUSTRY: none	11. BIRTHPLACE (City and state or country): Malta Bend, Mo.	12. CITIZEN OF WHAT COUNTRY? USA			
13. FATHER'S NAME: John W. Smith	14. MOTHER'S MAIDEN NAME: Amanada Lowe					
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service): no	16. SOCIAL SECURITY NO.: none	17. INFORMANT: Mrs. Thelma Rehmsmeyer	Address: Dover, Missouri			

MEDICAL CERTIFICATION

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

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) coronary infarction acute — INTERVAL BETWEEN ONSET AND DEATH: 5 hours

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

DUE TO (b) arteriosclerosis generalized — 2 mos.

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 from July 30 - 1956 to Sept. 29, 1956 and last saw ~~XXXX~~ him alive on 9/29/56. Death occurred at 10:40 P m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Jordan Kelling M.D. (Degree or title) — 22b. ADDRESS Waverly, Missouri — 22c. DATE SIGNED 10/1/56

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial	23b. DATE: 10/2/56	23c. NAME OF CEMETERY OR CREMATORY: Dover Cemetery	23d. LOCATION (City, town, or county): Dover (State): Missouri
24. FUNERAL DIRECTOR: Bailey Funeral Home	ADDRESS: Waverly	25. DATE RECD. BY LOCAL REG.: Oct. 2 - 1956	26. REGISTRAR'S SIGNATURE: Clayton W. Landrum

(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

OCT 17 1956

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emb

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed. Marie D. Bailey

Licensed Embalmer No. 48

P. O. Address. Waverly

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F
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.