

FILED OCT 29 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **36773**
 BIRTH NO. _____ REG. DIST. NO. **381** PRIMARY REG. DIST. NO. **6178** Registrar's No. **81**

1. PLACE OF DEATH a. COUNTY Sullivan		2. USUAL RESIDENCE (Where deceased lived. If certification made before admission). a. STATE MO b. COUNTY Sullivan	
b. CITY (If outside corporate limits, write RURAL and give town) Reger Mo		c. CITY OR TOWN Reger	
c. LENGTH OF STAY (In this place) 81 yrs		d. In Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION _____		e. STREET ADDRESS (If rural, give location) 1050	
3. NAME OF DECEASED a. (First) John b. (Middle) Earl c. (Last) Smith		4. DATE OF DEATH (Month) (Day) (Year) 10-10-56	
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED. (Specify) Widowed	8. DATE OF BIRTH 10-31-1874
9. AGE (In years last birthday) 81		10. UNDER 1 YEAR Months 4 Days 9	11. UNDER 1 HR. Hours 1 Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired farmer		10b. KIND OF BUSINESS OR INDUSTRY _____	
11. BIRTHPLACE (City and State or Foreign Country) Putman Co Mo		12. CITIZEN OF WHAT COUNTRY? US	
13a. FATHER'S NAME Obb Smith		13b. MOTHER'S MAIDEN NAME Mary	
14. NAME OF HUSBAND OR WIFE Etta Clements (dead)			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. _____	
17. INFORMANT'S SIGNATURE OR NAME Mrs. Geo. Artz		ADDRESS Reger 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Cardiac failure 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. Myocarditis & degeneration	
INTERVAL BETWEEN ONSET AND DEATH 6 weeks			
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION 4222	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
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) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	
21f. HOW DID INJURY OCCUR? _____			
22. I hereby certify that I attended the deceased from July 10, 1954 , to Oct 10, 1956 , that I last saw the deceased alive on Oct 7, 1956 , and that death occurred at 5 a.m. , from the causes and on the date stated above.			
23a. SIGNATURE J.R. Mante		(Degree or title) M.D.	
23b. ADDRESS Browning Mo		23c. DATE SIGNED 10-19-56	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 10-12-56	
24c. NAME OF CEMETERY OR CREMATORY Schrock Cem.		24d. LOCATION (City, town, or county) (State) Reger - Mo	
DATE REC'D BY LOCAL REG. 10-20-56		REGISTRAR'S SIGNATURE Mrs. M. W. Beckett	
25. FUNERAL DIRECTOR'S SIGNATURE Schroeder		ADDRESS 121412 Mo.	

(Licensed Embalmer's Statement on Reverse Side)

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

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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 Schaefer*.....

Licensed Embalmer No. *266*

P. O. Address, *Nelson*.....

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.