

FILED NOV 19 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **37312**

BIRTH NO. _____ REG. DIST. NO. **58** PRIMARY REG. DIST. NO. **4088** Registrar's No. **40**

1. PLACE OF DEATH a. COUNTY CARTER		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY CARTER	
b. CITY (If outside corporate limits, write RURAL and give township) ELLSWORE		c. LENGTH OF STAY (in this place)	c. CITY OR TOWN ELLSWORE
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
e. STREET ADDRESS 0180		(If rural, give location)	

3. NAME OF DECEASED (Type or Print)	a. (First) IDA	b. (Middle) B	c. (Last) SECREASE	4. DATE OF DEATH (Month) (Day) (Year) 11 10 56
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5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH 4-28-1880	9. AGE (in years last birthday) 76	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE	10b. KIND OF BUSINESS OR INDUSTRY OWN HOME	11. BIRTHPLACE (City and State or Foreign Country) REYNOLDS CO. MO.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME W.M. SMITH	13b. MOTHER'S MAIDEN NAME MILDRED FORD	14. NAME OF HUSBAND OR WIFE JAMES
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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) NO	16. SOCIAL SECURITY NO. NONE	17. INFORMANT'S SIGNATURE OR NAME MURTEL ROBERTS	ADDRESS ST LOUIS MO
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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.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary heart disease		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) arteriosclerosis DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	4201	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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **10-15**, **1956**, to **11-8**, **1956**, that I last saw the deceased alive on **11-8**, **1956**, and that death occurred at **7:45 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Ida Secrease	23b. ADDRESS 4201	23c. DATE SIGNED 11-11-56
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24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL	24b. DATE 11-13-56	24c. NAME OF CEMETERY OR CREMATORY HIRAM CEM.	24d. LOCATION (City, town, or county) (State) ST LOUIS CO. MO
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DATE REC'D BY LOCAL REG. 11-11-56	REGISTRAR'S SIGNATURE Mrs Oeta Hanson	25. FUNERAL DIRECTOR'S SIGNATURE McLaughlin	ADDRESS 2301 LAFAETTE
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WRITE PLAINLY--USING UNFADING BLACK INK--MAKE A PERMANENT RECORD

500

RECEIVED

MAY 15 1956

CARTER COUNTY
HEALTH CENTER

MAY 19 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. working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed. *L R Coape*

Licensed Embalmer No. *367*

P. O. Address *2317 Lafayette*

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.