

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **40259**

FILED DEC 10 1956

BIRTH NO. _____ REG. DIST. NO. **324** PRIMARY REG. DIST. NO. **3072** Registrar's No. **186**

1. PLACE OF DEATH a. COUNTY Saline		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). --a. STATE Missouri b. COUNTY Saline	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Marshall		c. LENGTH OF STAY (in this place) 5 years	c. CITY OR TOWN Marshall
-d. FULL NAME OF HOSPITAL OR INSTITUTION 470 1/2 South Ellsworth		e. STREET ADDRESS (If rural, give location) 470 1/2 South Ellsworth 09723	

3. NAME OF DECEASED (Type or Print)	a. (First) Mary Maude	b. (Middle) Smitherman	c. (Last) Gentry	4. DATE OF DEATH (Month) (Day) (Year) Dec. 3rd, 1956
--	------------------------------	-------------------------------	-------------------------	---

5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Aug. 15, 1872	9. AGE (In years, last birthday) 84	IF UNDER 1 YEAR Months 3 Days 18	IF UNDER 24 HRS. Hours Min.
----------------------	-------------------------------	---	---------------------------------------	--	--	---

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Postmaster	10b. KIND OF BUSINESS OR INDUSTRY U.S. Post Office	11. BIRTHPLACE (City and State or Foreign Country) Dover, Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.A.
---	---	---	--

13a. FATHER'S NAME S.J. Smitherman	13b. MOTHER'S MAIDEN NAME Elizabeth Hackley	14. NAME OF HUSBAND OR WIFE -----
---	--	--------------------------------------

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 ADDRESS Pauline Gentry, Marshall, 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, ashenia, 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) Myocarditis		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Senility 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	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) 4222
--	--	--

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	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 **12-13**, 19**56**, to **12-3**, 19**56**, that I last saw the deceased alive on **12-13**, 19**56** and that death occurred at **5-40A** m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) John R. Lawrence - M.D.	23b. ADDRESS Marshall, Mo.	23c. DATE SIGNED 12-3-56
---	-----------------------------------	---------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Dec. 5, 1956	24c. NAME OF CEMETERY OR CREMATORY Salt Springs cemetery	24d. LOCATION (City, town, or county) (State) Saline County, Missouri.
---	-------------------------------	---	---

DATE REC'D BY LOCAL REG. 12-4-56	REGISTRAR'S SIGNATURE Carol J. Lead	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Campbell-Lewis Marshall, Mo.
---	--	--

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

529

1951 28 838

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.....
James A. Lewis

Licensed Embalmer No. 4709
P. O. Address Marshall, W. Va.

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.