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FILED JAN 10 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **42589**

BIRTH NO. _____ REG. DIST. NO. **316** PRIMARY REG. DIST. NO. **3060** Registrar's No. **450**

1. PLACE OF DEATH a. COUNTY St. Francois		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Washington	
b. CITY (If outside corporate limits, write RURAL and give town) Farmington	c. LENGTH OF STAY (In this place) 3 Mo. 10 days	c. CITY OR TOWN Potosi	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION Mc Guire Nursing Home		e. STREET ADDRESS (If rural, give location) 502 Pine Street	

3. NAME OF DECEASED (Type or Print) a. (First) Manie	b. (Middle)	c. (Last) Smith	4. DATE OF DEATH (Month) (Day) (Year) DEC. 26, 1956
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married	8. DATE OF BIRTH Aug/25/1872	9. AGE (In years last birthday) 84	IF UNDER 1 YEAR Months 4 Days 1	IF UNDER 24 HRS. Hours 1 Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Telephone operator	10b. KIND OF BUSINESS OR INDUSTRY retired	11. BIRTHPLACE (City and State or Foreign Country) Potosi, Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Charles D. Smith	13b. MOTHER'S MAIDEN NAME Elisa Wallace	14. NAME OF HUSBAND OR WIFE
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) Unknown	17. INFORMANT'S SIGNATURE OR NAME Mrs Jane Simmons	ADDRESS Potosi, 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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 3 hrs sev. mo. years
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Congestive Circulatory Failure		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Thrombotic Encephalomalacia and prolonged recumbency DUE TO (c) Arteriosclerosis		
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 332X	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)	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 **9-20-56**, 19___, to **12-26-56**, 19___, that I last saw the deceased alive on **12-25-56**, 19___, and that death occurred at **3:15 pm.**, from the causes and on the date stated above.

23a. SIGNATURE Mason L. Culpe Jr. (Degree or title)	23b. ADDRESS Farmington Mo.	23c. DATE SIGNED 12-28-56
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 12-29-56	24c. NAME OF CEMETERY OR CREMATORY Old Masonic Cemetery	24d. LOCATION (City, town, or county) (State) Potosi, Missouri
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DATE REC'D BY LOCAL REG. 12-28-56	REGISTRAR'S SIGNATURE Ether Andloff	25. FUNERAL DIRECTOR'S SIGNATURE Arthur H. Smith	ADDRESS Potosi Mo
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(Licensed Emballer's Statement on Reverse Side)

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

890

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, ~~_____~~....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *C.A. Harrell*.....

Licensed Embalmer No. *3670*.....

P. O. Address *Lawton*.....

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.