

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

123

State File No.

FILED JAN 30 1957

 BIRTH NO. _____ REG. DIST. NO. 10 PRIMARY REG. DIST. NO. 4019 Registrar's No. 22

1. PLACE OF DEATH a. COUNTY <u>AUDRAIN</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO</u> b. COUNTY <u>MONROE</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>BENTON CITY</u>		c. LENGTH OF STAY (in this place) <u>32 DAYS</u>		c. CITY OR TOWN <u>STAR ROUTE PARIS, MO.</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> <u>40</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>S. ROLLINS ST.</u>				e. STREET ADDRESS (If rural, give location) <u>10 MI. S.E. OF PARIS, MO.</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>HUGH</u> b. (Middle) <u>STUART</u> c. (Last) <u>SMITHEY</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>JAN. 26 1957</u>				
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>JAN 13, 1892</u>		9. AGE (In years last birthday) <u>65</u>	IF UNDER 1 YEAR Months <u>0</u> Days <u>13</u>	IF UNDER 2 HRS. Hours <u>+</u> Min. <u>+</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>GENERAL FARMING</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>MONROE COUNTY, MO.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>CHARLES SMITHEY</u>		13b. MOTHER'S MAIDEN NAME <u>BETTY FERRELL</u>		14. NAME OF HUSBAND OR WIFE <u>ANNA MAUDE SMITHEY</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>486-14-4613</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Maude Smithey</u> ADDRESS <u>BENTON CITY MO.</u>			
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) <u>Respiratory Center Depression</u> ANTECEDENT CAUSES <u>Central Emphysema</u> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>1 yr</u> DUE TO (c) <u>Generalized Arteriosclerosis</u> II. OTHER SIGNIFICANT CONDITIONS <u>Pulmonary Emphysema</u> Conditions contributing to the death but not related to the disease or condition causing death. <u>Bronchitis.</u>					INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u>
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>332x</u>				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) m.		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 <u>Jan 10, 1957</u> , to <u>Jan 26, 1957</u> , that I last saw the deceased alive on <u>Jan 25, 1957</u> , and that death occurred at <u>2: P.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Wm. H. Copley M.D.</u>				23b. ADDRESS <u>Monroe, Mo</u>		23c. DATE SIGNED <u>1-26-57</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE. <u>1-28-1957</u>	24c. NAME OF CEMETERY OR CREMATORY <u>PLEASANT HILL</u>		24d. LOCATION (City, town, or county) (State) <u>Monroe Co, Mo</u>		
DATE REC'D BY LOCAL REG. <u>Jan 26-1957</u>		REGISTRAR'S SIGNATURE <u>Blanche Neely</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Saint Paddy Paris, Mo.</u>			

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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..... *E.H. O'Connell*

Licensed Embalmer No. 4000...

P. O. Address PARIS, MD.

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.