

FILED JAN 21 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **2081**
Registrar's No. **4**

BIRTH NO. _____ REG. DIST. NO. **227** PRIMARY REG. DIST. NO. **5804**

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

1. PLACE OF DEATH a. COUNTY MONROE		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY MONROE	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN RURAL-JACKSON TWP. 10 Mo.		c. CITY OR TOWN HOLLIDAY	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 PLEASANTVIEW REST HOME		e. STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED (Type or Print) a. (First) CAROLINE AMANDA b. (Middle) SMITHEY c. (Last) SMITHEY			4. DATE OF DEATH (Month) (Day) (Year) JAN 13, 1957
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5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH AUG. 8, 1874	9. AGE (In years last birthday) 82	IF UNDER 1 YEAR Months 5 Days 5	IF UNDER 24 HRS. Hours 5 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) MONROE Co., Mo.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME JOHN W. FOREE	13b. MOTHER'S MAIDEN NAME SARAH M. JANE THOMPSON	14. NAME OF HUSBAND OR WIFE LESLIE SMITHEY
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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. <input checked="" type="checkbox"/>	17. INFORMANT'S SIGNATURE OR NAME LEO SMITHEY, PARIS, MO.	ADDRESS
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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 39 hr 21 1/2
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* Chronic Myocarditis		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. 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	20. AUTOPSY? 2 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) 4221
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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?
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22. I hereby certify that I attended the deceased from **Aug 1956**, 1956, to **JAN. 13, 1957**, that I last saw the deceased alive on **JAN 13, 1957**, and that death occurred at **10:30 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE Leo M. Speed (Degree or title) M.D.	23b. ADDRESS PARIS MO.	23c. DATE SIGNED 1-14-57
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 1-14-57	24c. NAME OF CEMETERY OR CREMATORY BETHEL CEM.	24d. LOCATION (City, town, or county) (State) HOLLIDAY, MO.
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DATE REC'D BY LOCAL REG. 1-14-57	REGISTRAR'S SIGNATURE E. A. Barnard, D.	25. FUNERAL DIRECTOR'S SIGNATURE Speed & Blakey	ADDRESS PARIS, MISSOURI
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JAN 23 1957

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. H. H. H.

Licensed Embalmer No. 4000

P. O. Address PARIS, MISSOURI

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.