

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

8022
 State File No. _____

FILED APR 15 1957

BIRTH NO. _____ REG. DIST. NO. 73 PRIMARY REG. DIST. NO. 5291 Registrar's No. 40

1. PLACE OF DEATH a. COUNTY <u>Clay</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Clay</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Liberty - Rural</u>	c. LENGTH OF STAY (In this place) <u>2 months</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Mosby 6009</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>I. O. O. F. Home 5</u>		d. STREET ADDRESS (If rural, give location) <u>None</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>HARRY</u>	b. (Middle) <u>LEONARD</u>	c. (Last) <u>SMITH</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Mar. 22 1957</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>4-21-1900</u>	9. AGE (In years last birthday) <u>56</u>	# UNDER 1 YEAR Months	# UNDER 1 YEAR Days	# UNDER 1 MIN. Hours	# UNDER 1 MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) <u>County Employer</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Special Rd. Dist.</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Higginsville, Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>Irvin Smith</u>	13b. MOTHER'S MAIDEN NAME <u>Cora Brown</u>	14. NAME OF HUSBAND OR WIFE <u>Effie R. Smith</u>
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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) <u>no</u>	16. SOCIAL SECURITY NO. <u>499-09-2511</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Effie R. Smith, Mosby Mo</u>
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cancer Primary on lower lip</u>		INTERVAL BETWEEN ONSET AND DEATH <u>years</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ 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? <u>2</u> 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 Jan 10 1957, to Mar 5 1957, that I last saw the deceased alive on Mar 21, 1957, and that death occurred at 9 P.M., from the causes and on the date stated above.

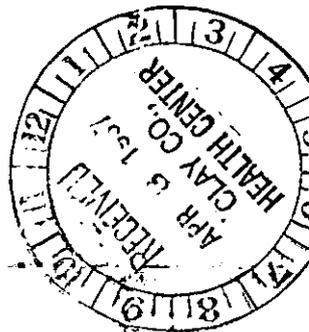
23a. SIGNATURE (Degree or title) <u>W. G. Goodson, M.D.</u>	23b. ADDRESS <u>Liberty Mo</u>	23c. DATE SIGNED <u>3/23/57</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>3-22-57</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Crown Hill</u>	24d. LOCATION (City, town, or county) (State) <u>Excelsior Springs Mo</u>
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DATE REC'D BY LOCAL REG. <u>4-4-57</u>	REGISTRAR'S SIGNATURE <u>Mabel Graham</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Prichard Funeral Home, Inc. Excelsior Springs, Missouri</u>
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(Licensed Embalmer's Statement on Reverse Side)

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



APR 19 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
Student Embalmer

Signed Lindell Jarman

Licensed Embalmer No. 4589

P. O. Address Evolution Springs Mo

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 this body is not embalmed, fact should be so stated above.