t. Health,
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S. Public
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v. 1-57

FILED MAY 1 - 1957

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER 13769

Registration District No. 170 Primary Registration District No. 4264 Registrar's No. 69

1. PLACE OF DEATH
a. COUNTY Laclede
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only) Conway - Conway TS — Inside Limits Yes [X] No [ ]
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Conway-HOME — Length of stay in 1b —

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Laclede
c. CITY OR TOWN Conway 0530 — Inside Limits Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location) Conway — Reside on Farm Yes [ ] No [X]

3. NAME OF DECEASED (Type or print) First HENRY Middle R. Last SMELSER
4. DATE OF DEATH Month April Day 16 Year 1957
5. SEX Male 0
6. COLOR OR RACE White
7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH Jan. 1, 1870
9. AGE (In years on last birthday) 87 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpenter
10b. KIND OF BUSINESS OR INDUSTRY Construction
11. BIRTHPLACE (City and state or country) Benton, Iowa.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME John Smelser
13b. MOTHER'S MAIDEN NAME Mary Hogshire
14. NAME OF HUSBAND OR WIFE Lucy Smelser
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, No, or unknown) No. (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. None.
17. INFORMANT Mrs. Lucy Smelser, Address Conway, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Myocarditis (I did not see her before death, last 4-15-57)
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 4222
INTERVAL BETWEEN ONSET AND DEATH
19. WAS AUTOPSY PERFORMED? YES [ ] NO [X]

20a. ACCIDENT [ ] SUICIDE [ ] HOMICIDE [ ]
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from for past 6 mo and last saw her/him alive on 4-15-57
Death occurred at 7:00 P.M. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE J. R. Lindsay MD (Degree or title)
22b. ADDRESS Conway Mo
22c. DATE SIGNED 4-19-57

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 4-18-57
23c. NAME OF CEMETERY OR CREMATORY Graceland Cemetery
23d. LOCATION (City, town, or county) (State) Conway, Mo.

24. FUNERAL DIRECTOR S. R. Palmer Jr. ADDRESS Lebanon Mo
25. DATE RECD. BY LOCAL REG. 4-19-1957
26. REGISTRAR'S SIGNATURE Ella L. May

(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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Received 4-29-57

Laclede County Health Unit

File No. 69

Date Filed 4-29-57

MAY 20 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 Stanleigh R Palmer

Licensed Embalmer No. 4810

P. O. Address Lebanon, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

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