

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED MAY 7 - 1957

4347 State File No. 14036

BIRTH NO. 23500-57		REG. DIST. NO. 133 43-48		PRIMARY REG. DIST. NO. 2-3-3		Registrar's No. 9	
1. PLACE OF DEATH a. COUNTY <u>MONTGOMERY</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>MONTGOMERY</u>			
b. CITY OR TOWN <u>WELLSVILLE</u>		c. LENGTH OF STAY (in this place)		c. CITY OR TOWN <u>WELLSVILLE</u>		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 <u>WALK'S CLINIC</u>				F. STREET ADDRESS (If rural, give location) <u>0700</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>ROBERT</u> b. (Middle) <u>LEE</u> c. (Last) <u>SMITH</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>APRIL 26 - 1957</u>				
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>NEVER MARRIED</u>		8. DATE OF BIRTH <u>APRIL 26 - 1957</u>	
9. AGE (In years last birthday) <u>—</u>		IF UNDER 1 YEAR Months <u>—</u> Days <u>—</u>		IF UNDER 1 YEAR Hours <u>4</u> Min. <u>—</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>WELLSVILLE Mo.</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>CHILD</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>—</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13a. FATHER'S NAME <u>Wesley A. ANSEL</u>			13b. MOTHER'S MAIDEN NAME <u>DARLENE SMITH</u>		14. NAME OF HUSBAND OR WIFE <u>NONE</u>		
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>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Wesley ANSEL - MADISTOWN 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>premature 20 weeks.</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.					INTERVAL BETWEEN ONSET AND DEATH <u>4 hrs.</u>
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>776x</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> <u>2</u>	
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>4/26</u> , 1957, to <u>4/26</u> , 1957, that I last saw the deceased alive on <u>4/26</u> , 1957, and that death occurred at <u>10:00</u> m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>William H. Walker MD</u>				23b. ADDRESS <u>WELLSVILLE</u>		23c. DATE SIGNED <u>4/29/57</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>4-27-57</u>		24c. NAME OF CEMETERY OR CREMATORY <u>WELLSVILLE CEMETERY</u>		24d. LOCATION (City, town, or county) (State) <u>WELLSVILLE Mo</u>	
DATE REC'D BY LOCAL REG. <u>4-29-57</u>		REGISTRAR'S SIGNATURE <u>Miss Antoinette Romano</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>WELLS FUNERAL HOME - WELLSVILLE Mo</u>			

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

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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 Not Embalmed, Student Embalmer No. \_\_\_\_\_, working under my personal supervision..

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Richard J. McDonald

Licensed Embalmer No. 4825

P. O. Address Memphis

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.