

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **14174**
REG. DIST. NO. **274** PRIMARY REG. DIST. NO. **3052** Registrar's No. **234**

FILED MAY 13 1957

| | | | |
|---|-------------------------------|---|---|
| 1. PLACE OF DEATH a. COUNTY Pettis | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Pettis | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Sedalia | | c. CITY OR TOWN Sedalia | 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 612 West 4th., St. | | e. STREET ADDRESS (If rural, give location) 612 West 4th., St. | |
| 3. NAME OF DECEASED (Type or Print) a. (First) IRA b. (Middle) SMITH c. (Last) SMITH | | | 4. DATE OF DEATH (Month) (Day) (Year) May 5, 1957 |
| 5. SEX Male | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married | 8. DATE OF BIRTH Sept. 12, 1896 |
| 9. AGE (In years last birthday) 60 | | IF UNDER 1 YEAR Months 0 Days 0 | IF UNDER 24 HRS. Hours 0 Min. 0 |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laundry & Dry Cleaning | | 10b. KIND OF BUSINESS OR INDUSTRY Own | 11. BIRTHPLACE (City and State or Foreign Country) Groves Springs, Missouri |
| 12. CITIZEN OF WHAT COUNTRY? USA | | 13a. FATHER'S NAME Robert G. Smith. | |
| 13b. MOTHER'S MAIDEN NAME Margaret Jane Delk | | 14. NAME OF HUSBAND OR WIFE Marion | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes WWI Navv | | 16. SOCIAL SECURITY NO. L89-38-2289 | 17. INFORMANT'S SIGNATURE OR NAME Mrs. Marion Smith, Sedalia, Missouri |
| 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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Yastrie Adenocarcinoma INTERVAL BETWEEN ONSET AND DEATH 6 mon. | |
| *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death. | | 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 151x | |
| 20. AUTOPSY? 2 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) (Min.) | | 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 5-5-1949 , to 5-5-1957 , that I last saw the deceased alive on 5-5-1957 , and that death occurred at 2 p m., from the causes and on the date stated above. | | | |
| 23a. SIGNATURE (Name or title) J.M. Rodeman, M.D. | | 23b. ADDRESS Yorban Bldg. Sedalia Mo | |
| 23c. DATE SIGNED 5-6-57 | | 24. BURIAL, CREMATION, REMOVAL (Specify) Burial | |
| 24b. DATE May 8, 1957 | | 24c. NAME OF CEMETERY OR CREMATORY Memorial Park Cemetery | |
| 24d. LOCATION (City, town, or county) (State) Sedalia, Missouri | | 25. FUNERAL DIRECTOR'S SIGNATURE Frances Shelby Durbekart, Sedalia, Mo. | |
| DATE REC'D BY LOCAL REG. 5-8-57 | | REGISTRAR'S SIGNATURE Frances Shelby Durbekart, Sedalia, Mo. | |

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD GALESPIE FUNERAL HOME

5410

MAY 20 1951

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 *Russell C. Maag*

Licensed Embalmer No. *4804*

P. O. Address *Sedalia,*

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.