FILED OCT 15 1957

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER 31541

Registration District No. 132 Primary Registration District No. 3021 Registrar's No. 180

1. PLACE OF DEATH
a. COUNTY Grundy
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only) Trenton — Inside Limits Yes ☑ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Whitfields Rest Home — Length of stay in 1b 3 years.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo b. COUNTY Grundy
c. CITY OR TOWN Trenton — Inside Limits Yes ☑ No ☐
d. STREET ADDRESS (If outside, give location) 10th St. — Reside on Farm Yes ☐ No ☑

3. NAME OF DECEASED (Type or print) First Abbie Middle L Last Smothers.

4. DATE OF DEATH Month Oct. Day 9 Year 1957

5. SEX female 6. COLOR OR RACE white 7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☑ DIVORCED ☐

8. DATE OF BIRTH — 1875

9. AGE (In years last birthday) 82 — 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) House wife.
10b. KIND OF BUSINESS OR INDUSTRY Home worker.
11. BIRTHPLACE (City and state or country) Muncy, Ind.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME John Thomas.
13b. MOTHER'S MAIDEN NAME Martha Sharp.
14. NAME OF HUSBAND OR WIFE William Smothers (dec)

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 Blanche Croft Address 4201 W. 67 Ter. Prairie Village, Kan

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) Chronic Myocarditis — Interval between onset and death: 2 years
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

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐

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 Nov 1st 1955 and last saw her/him alive on Oct 14 1957
Death occurred at 7:30 p m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Oliver F Dutty M.D. (Degree or title)
22b. ADDRESS Trenton Mo
22c. DATE SIGNED Oct 11 1957

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 10/13/57
23c. NAME OF CEMETERY OR CREMATORY Oak Cemetery
23d. LOCATION (City, town, or county) (State) R.F.D. Gainsville, Mo.

24. FUNERAL DIRECTOR J Gordon Blackmore ADDRESS Trenton, Mo.
25. DATE RECD. BY LOCAL REG. 10/12/57
26. REGISTRAR'S SIGNATURE Irene Dau
(Licensed Embalmer's Statement on Reverse Side)

Dr. Oliver Dutty.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, coroner, etc. must use only medical terms. All diseases in Part I must be causally related.

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 Claude H. Crandall

Licensed Embalmer No. 4986

P. O. Address Trenton

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.