

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **85**

BIRTH NO. **FILED FEB 15 1954** REG. DIST. NO. **11** PRIMARY REG. DIST. NO. **5041** Registrar's No. **13**

1. PLACE OF DEATH a. COUNTY Barry		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Barry	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural (Flatcreek)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Exeter	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) 0550	
3. NAME OF DECEASED (Type or Print) a. (First) John b. (Middle) Lee c. (Last) Smithson			4. DATE OF DEATH (Month) (Day) (Year) 2-8-1954
5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH 3-4-1865
9. AGE (In years last birthday) 88	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 24 HRS. Hours Mts.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) railroad	10b. KIND OF BUSINESS OR INDUSTRY Section boss	11. BIRTHPLACE (State or foreign country) Texas	12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME William D. Smithson	13b. MOTHER'S MAIDEN NAME Mattie Horner	14. NAME OF HUSBAND OR WIFE Hallie Smithson	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no	16. SOCIAL SECURITY NO. (If yes, give war or dates of service)	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Hallie Smithson-Exeter, Mo.	
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) Pneumonia			INTERVAL BETWEEN ONSET AND DEATH 4 days
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause, (a) stating the underlying cause last. DUE TO (b) Stasis DUE TO (c) Senility			
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? 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)	493 X
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 April 20, 1953 , to Feb 9, 1954 , that I last saw the deceased alive on Feb 9, 1954 , and that death occurred at 8:30 a.m. , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) Grace Williams, M.D.		23b. ADDRESS Cassville, Mo.	23c. DATE SIGNED 2-12-54
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 2-12-1954	24c. NAME OF CEMETERY OR CREMATORY Maplewood Cemetery	24d. LOCATION (City, town, or county) (State) Exeter, Missouri
DATE REC'D BY LOCAL REG. 2-13-54	REGISTRAR'S SIGNATURE Grace Williams	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS H. E. Culver - Cassville	

(Licensed Embalmer's Statement on Reverse Side)

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

MADE IN U.S.A.

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 Margaret C. Herbert

Licensed Embalmer No. 4389

P. O. Address Cassville

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.