

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

32954

State File No.

FILED NOV 7 1955

BIRTH NO. _____ REG. DIST. NO. 133 PRIMARY REG. DIST. NO. 3022 Registrar's No. 94

1. PLACE OF DEATH a. COUNTY <u>Harrison</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Harrison</u>	
b. CITY OR TOWN <u>Bethany</u>		c. CITY OR TOWN <u>Bethany</u>	
c. LENGTH OF STAY (in this place) <u>2 weeks</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Lacy Convalescent Home</u>		e. STREET ADDRESS (If rural give location) <u>0410</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>WILLIAM</u>	b. (Middle) <u>V.</u>	c. (Last) <u>SMITH</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Oct. 31, 1955</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>June 16, 1892</u>	9. AGE (In years last birthday) <u>83</u>	10. MONTHS <u>4</u>	11. DAYS <u>15</u>	12. IF UNDER 24 HRS. Hours <u>15</u> Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer (retired)</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Own Farm</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Bethany, Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>John W. Smith</u>	13b. MOTHER'S MAIDEN NAME <u>Adline Claytor</u>	14. NAME OF HUSBAND OR WIFE <u>Rose Burris Smith (deceased)</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes Spanish-American</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Wayne B. Smith</u>	ADDRESS <u>Mitchellville, Ia.</u>
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>24 Hours</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>CEREBRAL EMBOLISM.</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Bilateral Thrombo-Phlebitis, Lower Extremities.</u> DUE TO (c) <u>Hypertensive Cardio-Renal Dis.</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<u>442x</u>	

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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) _____
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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? _____
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22. I hereby certify that I attended the deceased from 10/30, 1955, to 10/30, 1955, that I last saw the deceased alive on 10/30, 1955, and that death occurred at 9 AM, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Adeline Claytor D.O.</u>	23b. ADDRESS <u>Bethany, Missouri</u>	23c. DATE SIGNED <u>10/1/55</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>Nov. 2, 1955</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Olivet Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Harrison County, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>11-1-55</u>	REGISTRAR'S SIGNATURE <u>Zola Burris</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Clark L. South</u>	ADDRESS <u>Bethany, Mo.</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

MAY 27 1958

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 *Clark L. Foutel*.....

Licensed Embalmer No. *4831*.....

P. O. Address *Bethany*.....

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.