

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

2112

FILED FEB 3 1954

State File No.

BIRTH NO. _____ REG. DIST. NO. 222 PRIMARY REG. DIST. NO. 4333 Registrar's No. 12

1. PLACE OF DEATH a. COUNTY <u>MONITEAU</u> b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>CLARKSBURG, MO.</u> c. LENGTH OF STAY (In this place) <u>LIFE</u> d. FULL NAME OF HOSPITAL OR INSTITUTION <u>CLARKSBURG, MO.</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>MONITEAU</u> c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>CLARKSBURG</u> d. STREET ADDRESS (If rural, give location) <u>MONITEAU COUNTY, MO.</u>		
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3. NAME OF DECEASED a. (First) <u>LOUIS</u> b. (Middle) <u>SMITH</u> c. (Last) <u>SMITH</u> (Type or Print)			4. DATE OF DEATH (Month) (Day) (Year) <u>JAN. 20, 1954</u>			
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>	8. DATE OF BIRTH <u>NOV. 29, 1873</u>	9. AGE (In years last birthday) <u>80</u>	IF UNDER 1 YEAR Months <u>1</u> Days <u>21</u>	IF UNDER 1 HR. Hours <u> </u> Min. <u> </u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>FARMER</u>		11. BIRTHPLACE (State or foreign country) <u>COLE COUNTY, MO.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>

13a. FATHER'S NAME <u>ABSOLEM SMITH</u>	13b. MOTHER'S MAIDEN NAME <u>SARAH JANE HAYTER</u>	14. NAME OF HUSBAND OR WIFE <u>MAY SMITH</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) <u>NO.</u>	16. SOCIAL SECURITY NO. <u>NONE</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>JAMES SMITH, CLARKSBURG, MO.</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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>CONGESTIVE HEART FAILURE</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>HYPERTENSIVE HEART DISEASE</u> 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>?</u> <u>?</u>
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19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>443X</u>	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) _____
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 Nov. 19 53, to JAN. 1954, that I last saw the deceased alive on JAN 15, 1954, and that death occurred at 1:30 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>J. M. Gallagher M.D.</u>	23b. ADDRESS <u>California, Mo.</u>	23c. DATE SIGNED <u>1-22-54</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>1/22/54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>MASONIC CEMETRY</u>	24d. LOCATION (City, town, or county) (State) <u>CLARKSBURG, MONITEAU, MO.</u>
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DATE REC'D BY LOCAL REG. <u>1-23-54</u>	REGISTRAR'S SIGNATURE <u>H. R. Popey H. R. P.</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>WILLIAMS FUNERAL HOME CALIFORNIA, MO.</u>
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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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Hugh E. Hillman

Licensed Embalmer No. 3537

P. O. Address California, Mo.

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.