

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

7455

State File No.

BIRTH FILED MAR 1 1954 REG. DIST. NO. 225 PRIMARY REG. DIST. NO. 4478 Registrar's No. 7

1. PLACE OF DEATH a. COUNTY <u>Schuylers</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before a. STATE <u>Missouri</u> b. COUNTY <u>Schuylers</u> (Admission). c. CITY (If outside corporate limits, write RURAL and give township) <u>Lancaster</u> 0980 OR TOWN d. STREET ADDRESS (If rural, give location) <u>Lancaster</u>	
b. CITY OR TOWN <u>Lancaster</u>	c. LENGTH OF STAY (in this place) <u>Life</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>at home in Lancaster</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>CLARA</u>	b. (Middle) <u>CATHERINE</u>	c. (Last) <u>Smith</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Feb 20, 1954</u>
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5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u>	8. DATE OF BIRTH <u>May 1, 1873</u>	9. AGE (In years last birthday) <u>80</u>	IF UNDER 1 YEAR Months <u>0</u> Days <u>20</u>	IF UNDER 12 HRS. Hours <u>0</u> Min. <u>0</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Home</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>	11. BIRTHPLACE (State or foreign country) <u>Schuylers Co. Mo</u>	12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>
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13a. FATHER'S NAME <u>William Smith</u>	13b. MOTHER'S MAIDEN NAME <u>Catherine Higgins</u>	14. NAME OF HUSBAND OR WIFE <u>X</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>No</u>	16. SOCIAL SECURITY NO. <u>X No.</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Bula M. Dawkins, St. Joseph Mo.</u>	ADDRESS
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u>		<u>1 hour</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Atherosclerosis</u> DUE TO (c)		<u>Year</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Acute bronchitis 4/20/1</u>			<u>1 week</u>
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)
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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 Jan. 25, 1954, to Feb. 20, 1954, that I last saw the deceased alive on Feb. 18, 1954, and that death occurred at 2:05 P. M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>W.R. Stoket, D.O. I</u>	23b. ADDRESS <u>Lancaster, Missouri</u>	23c. DATE SIGNED <u>Feb 20, 1954</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Cremation</u>	24b. DATE <u>2-22-54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Valhalla Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>St. Louis Mo</u>
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DATE REC'D BY LOCAL REG. <u>2-21-54</u>	REGISTRAR'S SIGNATURE <u>Wm. R. Drake</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Paul M. Riley</u>	ADDRESS <u>Kirkville Mo</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed Richard H. Bandall

Signed.....
Student Embalmer

Licensed Embalmer No. 4866

P. O. Address Finksville, Md

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.