

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

35121

FILED NOV 5 - 1956

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 296 PRIMARY REG. DIST. NO. 6018 Registrar's No. 14

1. PLACE OF DEATH a. COUNTY <u>Ray</u>		2. USUAL RESIDENCE (Where deceased lived). If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Ray</u>	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>Rural-Fishing River</u> )		c. CITY OR TOWN <u>Orrick,</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. LENGTH OF STAY (in this place) <u>3 years</u>		e. STREET ADDRESS (If rural, give location) <u>6 mile S.W. Richmond Mo</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>6 mile S.W. Richmond Mo</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>PEARL</u>	b. (Middle) <u>EDITH</u>	c. (Last) <u>SMITHEY</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Oct. 26, 1956</u>
-------------------------------------	-------------------------	--------------------------	--------------------------	--

5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Nov. 9, 1888</u>	9. AGE (In years last birthday) <u>67</u>	IF UNDER 1 YEAR (Month) (Day) <u>11 17</u>	IF UNDER 24 HRS. (Hour) (Min.)
----------------------	-------------------------------	---	--------------------------------------	---	--	--------------------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <u>Ray County, Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
--	-----------------------------------	--	---

13a. FATHER'S NAME <u>Will Vance</u>	13b. MOTHER'S MAIDEN NAME <u>Susannah Clevenger</u>	14. NAME OF HUSBAND OR WIFE <u>Robert Smithey</u>
--------------------------------------	---	---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Purvel Smithey, Richmond, Mo.</u>	ADDRESS _____
--	-------------------------------	---	---------------

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.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Terminal bronchopneumonia</u>		INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cerebral vascular accident</u>		<u>5 mo.</u>
	DUE TO (c) <u>Arteriosclerosis + hypertension</u>		<u>unknown</u>
11. 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)
--	--	---

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 Oct. 28, 1954, to Oct 26, 1956, that I last saw the deceased alive on Oct 23, 1956, and that death occurred at 6:30 Am., from the causes and on the date stated above.

23a. SIGNATURE <u>R. L. Johnson</u> (Degree or title) _____	23b. ADDRESS <u>Richmond, Mo.</u>	23c. DATE SIGNED <u>10/30/56</u>
---	-----------------------------------	----------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>10-28-1956</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Craven Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Ray County, Missouri</u>
---	-----------------------------	---	---

DATE REC'D BY LOCAL REG. <u>10/30/56</u>	REGISTRAR'S SIGNATURE <u>Helen J. Larkin</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Thomas J. Costa</u>	ADDRESS <u>Richmond Mo</u>
--	--	---	----------------------------

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

273  
0

---

---

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 *Thomas J. Carter*.....

Licensed Embalmer No...4474..

P. O. Address...Richmond, M...

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.