

FILED JUN 21 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 18634

BIRTH NO. _____ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY Greene GREENE			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Missouri b. COUNTY Lawrence			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Springfield		c. LENGTH OF STAY (in this place) 2 days	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Miller Mo. Greene		d. STREET ADDRESS (If rural, give location) R.T.O. 0550	
d. FULL NAME OF HOSPITAL OR INSTITUTION Springfield Baptist Hospital						
3. NAME OF DECEASED a. (First) Frankie			b. (Middle) L.	c. (Last) Smith	4. DATE OF DEATH (Month) (Day) (Year) 6-17-1954	
5. SEX Female	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 2-1-1883	9. AGE (In years last birthday) 71	IF UNDER 1 YEAR Months 4 Days 16	IF UNDER 24 HRS. Hours Mins.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House wife		10b. KIND OF BUSINESS OR INDUSTRY House wife	11. BIRTHPLACE (City and State or Foreign Country) Lawrence Co.		12. CITIZEN OF WHAT COUNTRY? <input type="radio"/>	
13a. FATHER'S NAME P. D. Jones		13b. MOTHER'S MAIDEN NAME Catherine Payne		14. NAME OF HUSBAND OR WIFE Fred Smith		
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) None	17. INFORMANT'S SIGNATURE OR NAME Fred Smith ADDRESS Miller Mo.				
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)	MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Cholecystitis	ANTECEDENT CAUSES					
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.	DUE TO (b) Peritonitis				
		DUE TO (c) Cholelithiasis				
II. OTHER SIGNIFICANT CONDITIONS	Conditions contributing to the death but not related to the disease or condition causing death. Cardiac Failure				584X	
19a. DATE OF OPERATION 17 June 54	19b. MAJOR FINDINGS OF OPERATION Acute Cholecystitis & Localized Peritonitis				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)	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 6-16, 1954 to 6-17, 1954 , that I last saw the deceased alive on 6-17, 1954 , and that death occurred at 7:25 p.m. , from the causes and on the date stated above.						
23a. SIGNATURE Jerry W. Allen (Degree or title)			23b. ADDRESS Springfield Mo.		23c. DATE SIGNED 6-17-54	
24a. BURIAL, CREMATION, REMOVAL (Specify) Buried	24b. DATE 6-20-54	24c. NAME OF CEMETERY OR CREMATORY Beck	24d. LOCATION (City, town, or county) (State) Stotts City Mo.			
DATE REC'D BY LOCAL REG. JUN 21 1954	REGISTRAR'S SIGNATURE Edgar A. [Signature]	25. FUNERAL DIRECTOR'S SIGNATURE Monroe Lewman ADDRESS Miller Mo.				

(Licensed Embalmer's Statement on Reverse Side)

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

Handwritten text at the top of the page, possibly a date or reference number.

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 E. R. Linn

Licensed Embalmer No. 3292

P. O. Address Miller 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.