

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

7750

State File No.

No. 300
10. 48

FILED APR 14 1955

BIRTH NO. _____ REG. DIST. NO. 114 PRIMARY REG. DIST. NO. 486 Registrar's No. 22

361

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

1. PLACE OF DEATH a. COUNTY <u>FRANKLIN</u> b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>SULLIVAN</u> c. LENGTH OF STAY (In this place) <u>28 yrs</u> d. FULL NAME OF HOSPITAL OR INSTITUTION <u>203 PINE ST.</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>FRANKLIN</u> c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>SULLIVAN</u> <u>0361</u> d. STREET ADDRESS (If rural, give location) <u>203 PINE ST.</u>	
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3. NAME OF DECEASED a. (First) <u>AMANDA</u> b. (Middle) <u>J</u> c. (Last) <u>SMALLWOOD</u> (Type or Print)			4. DATE OF DEATH (Month) (Day) (Year) <u>4</u> <u>7</u> <u>55</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>JAN 20, 1860</u>	9. AGE (In years last birthday) <u>95</u>	IF UNDER 1 YEAR Months Days <u>2</u> <u>17</u>	IF UNDER 24 HRS. Hours 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 <u>Home</u>		11. BIRTHPLACE (State or foreign country) <u>WOODLANDVILLE, MO.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>	

13a. FATHER'S NAME <u>DUSKIN SETTLES</u>	13b. MOTHER'S MAIDEN NAME <u>MARY SHEARS</u>	14. NAME OF HUSBAND OR WIFE <u>WILLIAM R. SMALLWOOD</u>
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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. <u>NONE</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>MARY SMALLWOOD, SULLIVAN, 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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>2 days</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pyelonephritis</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> DUE TO (c) <u>Arteriosclerosis</u>		<u>5 wks</u> <u>years</u>
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Diabetes mellitus</u>		<u>years</u>

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>331X</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)
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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?
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22. I hereby certify that I attended the deceased from Jan, 1954, to April 7, 1955, that I last saw the deceased alive on April 6, 1955, and that death occurred at 12:35 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Robert McFarland M.D.</u>	23b. ADDRESS <u>Sullivan, Mo.</u>	23c. DATE SIGNED <u>April 7, 55</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>4/9/55</u>	24c. NAME OF CEMETERY OR CREMATORY <u>P.O.F. MEMORIAL CEMETERY</u>	24d. LOCATION (City, town, or county) (State) <u>SULLIVAN MO.</u>
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DATE REC'D BY LOCAL REG. <u>4/7/55</u>	REGISTRAR'S SIGNATURE <u>Thomas A. Dermody</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>N. M. Eaton Sullivan, 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

J. A. Humphrey

Licensed Embalmer No. *4772*

P. O. Address *Sullivan, 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.