

FILED APR 4 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 9154

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 290 PRIMARY REG. DIST., NO. 4430 Registrar's No. 35

1. PLACE OF DEATH a. COUNTY <b>Pulaski</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b>		b. COUNTY <b>Pulaski</b>	
b. CITY OR TOWN <b>Crocker</b>		c. LENGTH OF STAY (in this place) <b>life</b>		c. CITY OR TOWN <b>Crocker</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> 0			
		e. STREET ADDRESS (If rural, give location)			

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) <b>Fecan</b>	b. (Middle) <b>Victoria</b>		c. (Last) <b>Smith</b>		(Month) (Day) (Year) <b>March 11, 1955</b>
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Divorced</b>	8. DATE OF BIRTH <b>Sept. 21, 1878</b>	9. AGE (in years last birthday) <b>76</b>	IF UNDER 1 YEAR Months Days <b>76</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <b>Boston, Mass</b>	
12. CITIZEN OF WHAT COUNTRY?					

13a. FATHER'S NAME <b>Peter Johnson</b>		13b. MOTHER'S MAIDEN NAME <b>Carolina (Unknown)</b>		14. NAME OF HUSBAND OR WIFE	
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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) <b>no</b>		16. SOCIAL SECURITY NO. <b>no</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Pete Smith Crocker, Mo.</b>	
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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) <b>CARCINOMA OF THE CERVIX</b>		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____				<b>6 MO.</b>	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					

19a. DATE OF OPERATION <b>✓</b>		19b. MAJOR FINDINGS OF OPERATION <b>✓</b>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>✓</b>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>171X</b>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m. <b>✓</b>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>✓</b>	

22. I hereby certify that I attended the deceased from **MAR 1, 1955**, to **MAR 11, 1955**, that I last saw the deceased alive on **MAR 10, 1955**, and that death occurred at **4:30** m., from the causes and on the date stated above.

23a. SIGNATURE <b>John A. Michalewicz D.O.</b>		23b. ADDRESS <b>Crocker, Mo</b>		23c. DATE SIGNED <b>3-11-55</b>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>3/13/55</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Crocker Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Crocker, Missouri</b>	
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DATE REC'D BY LOCAL REG. <b>3-30-55</b>		REGISTRAR'S SIGNATURE <b>Eula G. Anderson</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Walter Hedges</b>		ADDRESS <b>Hobbs Funeral Home, Iberia, Mo.</b>	
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(Licensed Embalmer's Statement on Reverse Side)

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

11-1-55

11-1-55

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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..... Signature of Student Embalmer

Signed *Walter P. Adams*.....

Licensed Embalmer No...4265..

P. O. Address...IOWA, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting. If this body is not embalmed, fact should be so stated above.