

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **19635**

FILED JUN 22 1955

BIRTH NO. _____ REG. DIST. NO. **275** PRIMARY REG. DIST. NO. **3053** Registrar's No. **109**

1. PLACE OF DEATH a. COUNTY Phelps		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo b. COUNTY Maries	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rolla		c. CITY OR TOWN Bella	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) 2 WKS		e. STREET ADDRESS (If rural, give location) 0630	
d. FULL NAME OF HOSPITAL OR INSTITUTION Phelps County Memorial			

3. NAME OF DECEASED (Type or Print) a. (First) Lucy b. (Middle) Jane c. (Last) Smith			4. DATE OF DEATH (Month) (Day) (Year) June 13-1955		
5. SEX female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH July 18 1880	9. AGE (In years last birthday) 74	10. UNDER 1 YEAR Days 10 11. UNDER 1 Hrs. 25
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife		10b. KIND OF BUSINESS OR INDUSTRY -----	11. BIRTHPLACE (City and State or Foreign Country) Bland Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME F.A. Shockley	13b. MOTHER'S MAIDEN NAME Amanda Matthews	14. NAME OF HUSBAND OR WIFE Amos I. Smith
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no	16. SOCIAL SECURITY NO. -----	17. INFORMANT'S SIGNATURE OR NAME Amos L Smith ADDRESS Belle Mo.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerotic heart disease		5 years
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Generalized arteriosclerosis DUE TO (c) _____		10 years
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 4200			

19. DATE OF OPERATION June 9, 1955	19b. MAJOR FINDINGS OF OPERATION Chronic passive congestion, massive, liver and kidneys	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 **May 1, 1952**, to **June 13, 1955**, that I last saw the deceased alive on **June 13, 1955**, and that death occurred at **9:15 P. m.**, from the causes and on the date stated above.

23a. SIGNATURE F. L. Royal, M.D. (Degree or title)	23b. ADDRESS Bella, Mo.	23c. DATE SIGNED 6-15-55
---	--------------------------------	---------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) burial	24b. DATE 6/16/55	24c. NAME OF CEMETERY OR CREMATORY Bland Union Cemetery	24d. LOCATION (City, town, or county) (State) Bland Mo
---	--------------------------	--	---

DATE REC'D BY LOCAL REG. 6-15-55	REGISTRAR'S SIGNATURE Dadine L. Steele 380	25. FUNERAL DIRECTOR'S SIGNATURE Chas. Morrison ADDRESS Belle Mo
---	--	--

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 Student Embalmer No. working under my personal supervision..

Student
Signature of Student Embalmer

Signed *Vernon M. Morris*

Licensed Embalmer No. *412*

P. O. Address *Levin, Va.*

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.