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THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **32578**

FILED OCT 24 1955

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 72 PRIMARY REG. DIST. NO. 4134 Registrar's No. 74

1. PLACE OF DEATH a. COUNTY <b>Clay</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Clay</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Smithville</b>	c. LENGTH OF STAY (in this place) <b>2 Mon.</b>	c. CITY OR TOWN <b>Smithville</b>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Smithville Community Hosp</b>		f. STREET ADDRESS (If rural, give location) <b>None</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>Sophonria</b> b. (Middle) <b>Ann</b> c. (Last) <b>Hess</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>October 11, 1955</b>		
5. SEX <b>Fe</b>	6. COLOR OR RACE <b>Wh</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>Oct. 2, 1871</b>	9. AGE (In years last birthday) <b>84</b>	IF UNDER 1 YEAR Months <b>0</b> Days <b>9</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 <b>Own Home</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Reedy, West Virginia</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>

13a. FATHER'S NAME <b>Peter Murphy</b>		13b. MOTHER'S MAIDEN NAME <b>Lucretia Ann Rollins</b>		14. NAME OF HUSBAND OR WIFE <b>Ephriam Hess</b>	
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>None</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>E. H. Hess Greenfield, Mo.</b>	

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, asthenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Fracture of Neck, left femur</b>		INTERVAL BETWEEN ONSET AND DEATH <b>58 days</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) _____		
	II. OTHER SIGNIFICANT CONDITIONS. Conditions contributing to the death but not related to the disease or condition causing death. <b>Generalized Arteriosclerosis  Pernicious Anemia 9040 21</b>		

19a. DATE OF OPERATION <b>Aug. 20, 1955</b>		19b. MAJOR FINDINGS OF OPERATION <b>Comminuted fracture Left femoral neck</b>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>ACCIDENT</b>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>HOME</b>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>Smithville Clay Missouri</b>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>Aug. 18, 1955 5A.M.</b>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>FALL</b>	

22. I hereby certify that I attended the deceased from Aug. 18, 1955, to Oct. 11, 1955, that I last saw the deceased alive on Oct 11, 1955, and that death occurred at 4:20 A.M., from the causes and on the date stated above.

23a. SIGNATURE <b>David R. Chiles M.D.</b> (Degree or title)		23b. ADDRESS <b>Smithville, Mo.</b>		23c. DATE SIGNED <b>Oct. 13, 1955</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>10-13-55</b>		24c. NAME OF CEMETERY OR CREMATORY <b>I. O. O. F. Cemetery</b>	
24d. LOCATION (City, town, or county) (State) <b>Smithville, Missouri</b>					

DATE REC'D BY LOCAL REG. <b>10-13-55</b>		REGISTRAR'S SIGNATURE <b>Marquette Hudgens</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>McComas Funeral Home Smithville, Mo</b>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

(Licensed Embalmer's Statement on Reverse Side)



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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 *Donald W. Hanks*.....

Licensed Embalmer No. *482*.....

P. O. Address *Smithville, 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.