

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

36367

FILED DEC 12 1955

State File No.

BIRTH NO. _____ REG. DIST. NO. 88 PRIMARY REG. DIST. NO. 5327 Registrar's No.

1. PLACE OF DEATH a. COUNTY <u>Crawford</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Crawford</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Wesco</u>	c. LENGTH OF STAY (In this place)	c. CITY OR TOWN <u>Wesco</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION		STREET ADDRESS (If rural, give location) <u>0280</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Lula</u> b. (Middle) <u>Bell</u> c. (Last) <u>Earney</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>11-22-55</u>		
5. SEX <u>F</u> 6. COLOR OR RACE <u>W</u> 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>6-17-89</u> 9. AGE (In years last birthday) <u>66</u> 10. MONTHS <u>5</u> 11. DAYS <u>5</u> 12. HOURS <u>5</u> 13. MIN. <u></u>		
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>Domestic</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>St. James, Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>

13a. FATHER'S NAME <u>Frances M. Bailey</u>	13b. MOTHER'S MAIDEN NAME <u>Alice Richardson</u>	14. NAME OF HUSBAND OR WIFE <u>Thomas Earney</u>
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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) <u>no</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>William Earney Steelville</u>	ADDRESS <u>Steelville</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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cholecystitis, Cholelithiasis</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Pyelitis, acute -</u> <u>1 mo</u> DUE TO (c) <u>Malnourished</u> <u>?</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Patient refused surgery.</u>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>no surgery 584x</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)
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 10-19, 1955, to 11-3, 1955, that I last saw the deceased alive on 11-3, 1955, and that death occurred at 3 m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>W. S. Tucker M.D.</u>	23b. ADDRESS <u>St James Mo</u>	23c. DATE SIGNED <u>12-3-55</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>11-23-55</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Wesco Cemetery - Wesco</u>	24d. LOCATION (City, town, or county) (State) <u>Mo.</u>
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DATE REC'D BY LOCAL REG. <u>12/10/55</u>	REGISTRAR'S SIGNATURE <u>Mrs. Hazel Lichner</u> <u>505</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Harry M. Jonas</u>	ADDRESS <u>Steelville Mo.</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

REC 84 1958

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 *Henry M. Jones*.....

Licensed Embalmer No. 26.....

P. O. Address Steelville.....

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.