

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **37239**
Registrar's No. **498**

FILED DEC 6 1955

BIRTH NO. _____ REG. DIST. NO. **156** PRIMARY REG. DIST. NO. **2001**

1. PLACE OF DEATH a. COUNTY JASPER		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY JASPER	
b. CITY (If outside corporate limits, write RURAL and give township) JOPLIN		c. CITY (If outside corporate limits, write RURAL and give township) JOPLIN	
c. LENGTH OF STAY (in this place) 2 1/2 MO'S			
d. FULL NAME OF HOSPITAL OR INSTITUTION FREEMAN HOSPITAL		d. STREET ADDRESS (If rural, give location) 307 PATTERSON AVE.	

3. NAME OF DECEASED (Type or Print) a. (First) BESSIE b. (Middle) FLORENCE c. (Last) SMITH			4. DATE OF DEATH (Month) (Day) (Year) NOV. 22, 1955		
5. SEX F		6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	
8. DATE OF BIRTH MAY 29, 1890		9. AGE (In years last birthday) 65		10. IF UNDER 1 YEAR: Months _____ Days _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE		10b. KIND OF BUSINESS OR INDUSTRY OWN HOME		11. BIRTHPLACE (State or foreign country) SPRINGFIELD, MO.	
				12. CITIZEN OF WHAT COUNTRY? U.S.A.	

13a. FATHER'S NAME GEORGE HAYNES		13b. MOTHER'S MAIDEN NAME MARY WATSON		14. NAME OF HUSBAND OR WIFE CHARLES D. 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 CHARLES D. SMITH, 307 PATTERSON AVE.	

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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Adenocarcinoma involving the entire liver.		INTERVAL BETWEEN ONSET AND DEATH 10 months	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) 1561			
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION 2-14-55		19b. MAJOR FINDINGS OF OPERATION: Resection of adenocarcinoma at the junction of the right and left hepatic ducts.		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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 **February, 1955**, to **Nov. 22, 1955**, that I last saw the deceased alive on **Nov. 22, 1955**, and that death occurred at **8:05 P.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) [Signature]		23b. ADDRESS 410 Jackson, Joplin, Missouri		23c. DATE SIGNED 11-29-55	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 11-25-55		24c. NAME OF CEMETERY OR CREMATORY FOREST PARK CEMETERY, JOPLIN, MISSOURI	
		24d. LOCATION (City, town, or county) (State) _____			

DATE REC'D BY LOCAL REG. 12-1-55		REGISTRAR'S SIGNATURE [Signature]		25. FUNERAL DIRECTOR'S SIGNATURE STEVE PARKER MORTUARY, JOPLIN, MO.	
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JASPER COUNTY HEALTH DEPARTMENT
County File Number 55-19-133
Date Filed DEC 1955

MAY 11 1956

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 _____

working under my personal supervision.

Student Embalmer No.

Signed F. M. Jones

Signed.....
Student Embalmer

Licensed Embalmer No. 2319

P. O. Address Joplin Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to complete the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.