

FILED SEP 9 1957

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 28968

BIRTH NO. _____		REG. DIST. NO. 274		PRIMARY REG. DIST. NO. 3052		Registrar's No. 374	
1. PLACE OF DEATH a. COUNTY <u>Pettis</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Morgan</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Sedalia</u> <u>Sedalia</u>				c. CITY OR TOWN <u>Florence</u>		d. 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 <u>Bothwell</u>				e. STREET ADDRESS (If rural, give location) <u>Star R (near Smithton)</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Lottie Lucille</u> b. (Middle) <u>Hoolery</u> c. (Last) <u>Hoolery</u>				4. DATE OF DEATH (Month) (Day) (Year) <u>July 21-57</u>			
5. SEX <u>F</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>		8. DATE OF BIRTH <u>Feb 14-94</u>	
9. AGE (In years last birthday) <u>63</u>		10. MONTHS <u>5</u> DAYS <u>7</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Florence Morgan MO</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</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>housewife</u>			
13a. FATHER'S NAME <u>George Lower</u>				13b. MOTHER'S MAIDEN NAME <u>Melina Shelby</u>			
14. NAME OF HUSBAND OR WIFE <u>William Smithton</u>				15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)			
16. SOCIAL SECURITY NO. _____				17. INFORMANT'S SIGNATURE OR NAME <u>W. H. Hoolery</u> ADDRESS <u>Smithton MO</u>			
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, asphyxia, etc. It means the disease, injury, or complication which caused death.				19. MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral hemorrhage</u> INTERVAL BETWEEN ONSET AND DEATH <u>8 hrs</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis, generalized</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Arteriosclerosis, aortic aorta</u>			
19a. DATE OF OPERATION _____				19b. MAJOR FINDINGS OF OPERATION _____			
20. AUTOPSY? <u>0</u> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>				21. ACCIDENT SUICIDE HOMICIDE (Specify) _____			
21a. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____				21b. (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 <u>Nov 1956</u> , to <u>July 1957</u> , that I last saw the deceased alive on <u>July 21, 1957</u> and that death occurred at <u>3:20 PM</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>W. H. Hoolery MD</u> (Degree or title)				23b. ADDRESS <u>Smithton MO</u>			
23c. DATE SIGNED <u>7/27/57</u>				24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Buried</u>			
24b. DATE <u>7-23-57</u>				24c. NAME OF CEMETERY OR CREMATORY <u>Mount Olive</u>			
24d. LOCATION (City, town, or county) (State) <u>Florence MO</u>				25. FUNERAL DIRECTOR'S SIGNATURE <u>R. F. Thompson</u> ADDRESS <u>Smithton MO</u>			
DATE REC'D BY LOCAL REG. <u>9-7-57</u>				REGISTRAR'S SIGNATURE <u>Frances Shelby</u>			

(Licensed Embalmer's Statement on Reverse Side)

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.....  
*A. F. Nemmiger*

Licensed Embalmer No. *3912*

P. O. Address *Smithton*

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.