

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

FILED SEP 25 1957

State File No. **31042**

BIRTH NO. _____		REG. DIST. NO. <u>47</u>		PRIMARY REG. DIST. NO. <u>5160</u>		Registrar's No. <u>224</u>			
<b>1. PLACE OF DEATH</b>				<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before death.)					
a. COUNTY <b>CALLAWAY</b>		a. STATE <b>MISSOURI</b>		b. COUNTY <b>CALLAWAY</b>		c. CITY OR TOWN <b>RURAL</b>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>RURAL - Calwood</b>		c. LENGTH OF STAY (In this place) <b>1 YEAR</b>		c. CITY OR TOWN <b>RURAL</b>		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 <b>R.F.D.#1 Fulton, Missouri</b>				e. STREET ADDRESS (If rural, give location) <b>R. F. D. #1 FULTON, MISSOURI</b>					
<b>3. NAME OF DECEASED</b>			<b>4. DATE OF DEATH</b>						
a. (First) <b>EMMA</b>	b. (Middle) <b>BELL</b>		c. (Last) <b>SMITH</b>		(Month) (Day) (Year)	<b>SEPTEMBER 19, 1957</b>			
<b>5. SEX</b> <b>FEMALE</b>	<b>6. COLOR OR RACE</b> <b>NEGRO</b>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)</b> <b>WIDOW</b>	<b>8. DATE OF BIRTH</b> <b>AUGUST 4, 1856</b>		<b>9. AGE</b> (In years last birthday) <b>101</b>	if UNDER 1 YEAR Months Days	if UNDER 12 HRS. Hours Min.		
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <b>HOUSEWIFE</b>		<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <b>Home</b>		<b>11. BIRTHPLACE</b> (City and State or Foreign Country) <b>CALLAWAY COUNTY, MISSOURI</b>		<b>12. CITIZEN OF WHAT COUNTRY?</b> <b>U. S. A.</b>			
<b>13a. FATHER'S NAME</b> <b>GEORGE COATES</b>			<b>13b. MOTHER'S MAIDEN NAME</b> <b>ADLINE GLEEN</b>		<b>14. NAME OF HUSBAND OR WIFE</b> <b>DECEASED</b>				
<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b>		<b>16. SOCIAL SECURITY NO.</b> <b>NONE</b>		<b>17. INFORMANT'S SIGNATURE OR NAME</b> <i>Edna Mae Buckner</i> <b>EDNA MAE BUCKNER, R. F. D.#1, FULTON, MO.</b>					
<b>18. CAUSE OF DEATH</b> 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>				<b>MEDICAL CERTIFICATION</b>				<b>INTERVAL BETWEEN ONSET AND DEATH</b> <b>2 hrs.</b>	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute coronary occlusion</u>				ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Infirmities of age</u>					
				DUE TO (c)					
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.									
<b>19a. DATE OF OPERATION</b>		<b>19b. MAJOR FINDINGS OF OPERATION</b>				<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
				<b>4 201</b>					
<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)		<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)		<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b>					
<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour)		<b>21e. INJURY OCCURRED WHILE AT WORK</b> <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		<b>21f. HOW DID INJURY OCCUR?</b>					
<b>22. I hereby certify that I attended the deceased from</b> <u>Apr. 30, 1957</u> , <b>to</b> <u>July 10, 1957</u> , <b>that I last saw the deceased</b> <u>alive on May 15, 1957</u> , <b>and that death occurred at</b> <u>4:00 a.m.</u> , <b>from the causes and on the date stated above.</b>									
<b>23a. SIGNATURE</b> (Deponent or title) <i>D. A. Squires, D.D.</i>				<b>23b. ADDRESS</b> <b>Fulton, Missouri</b>		<b>23c. DATE SIGNED</b> <b>Sept. 20</b>			
<b>24a. BURIAL, CREMATION, REMOVAL (Specify)</b> <b>BURIAL</b>		<b>24b. DATE</b> <b>SEPT. 22, 57.</b>	<b>24c. NAME OF CEMETERY OR CREMATORY</b> <b>CROWS FORK CEMETERY</b>		<b>24d. LOCATION (City, town, or county) (State)</b> <b>CALLAWAY COUNTY MISSOURI.</b>				
<b>DATE REC'D BY LOCAL REG.</b> <b>Sept. 21, 1957</b>		<b>REGISTRAR'S SIGNATURE</b> <i>Martha Lawrence</i>		<b>25. EMBALMER'S SIGNATURE</b> <i>Harry T. Bell</i>		<b>ADDRESS</b> <b>HARRY T. BELL, FULTON, MISSOURI.</b>			

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300  
10-48

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 Harry T. Bell *Harry T. Bell*

Licensed Embalmer No. 4867

P. O. Address Fulton, Missouri

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.