

FILED FEB 3 - 1955

REG. DIST. NO. 102 PRIMARY REG. DIST. NO. 2686 Registrar's No.

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. NO. _____		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY <u>Lin</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Lin</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Linneus Mo.</u>		c. LENGTH OF STAY (in this place) _____		c. CITY OR TOWN <u>Linneus</u>		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 <u>No Locust Creek Trp</u>				e. STREET ADDRESS (If rural, give location) <u>05800</u>			
3. NAME OF DECEASED (Type or Print) <u>Fiona May Smith</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Jan 29 1955</u>				
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, <u>Widowed</u>		8. DATE OF BIRTH <u>June 23-1863</u>	
9. AGE (in years last birthday) <u>91</u>		10. IF UNDER 1 YEAR Months <u>7</u> Days <u>6</u>		11. IF UNDER 24 HRS. Hours <u></u> Min. <u></u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Home Keeper</u>		10b. KIND OF BUSINESS OR INDUSTRY <u></u>		11. BIRTHPLACE (City and State or Foreign Country) <u>West Virginia</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Samuel Neely</u>		13b. MOTHER'S MAIDEN NAME <u>Margaret Maxwell</u>		14. NAME OF HUSBAND OR WIFE <u>Wm. Richard Smith</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>no</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Samuel Neely</u> ADDRESS <u>Linneus 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, asthma, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Lobar Pneumonia</u> 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. <u>Arteriosclerosis</u>			
19a. DATE OF OPERATION _____				19b. MAJOR FINDINGS OF OPERATION <u>490X</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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 <u>June 9, 1954</u> , to <u>Jan 29, 1955</u> , that I last saw the deceased alive on <u>Jan. 29, 1955</u> , and that death occurred at <u>11:30 P. m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Denton Wilson</u> (Degree or title) <u>D.O.</u>				23b. ADDRESS <u>Linneus Mo.</u>		23c. DATE SIGNED <u>Jan 31, 1955</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Buried</u>		24b. DATE <u>Jan. 31st 1955</u>		24c. NAME OF CEMETERY OR CREMATORY <u>J.O.P. 71</u>		24d. LOCATION (City, town, or county) (State) <u>Linneus Mo.</u>	
DATE REC'D BY LOCAL REG. <u>Jan 31-1955</u>		REGISTRAR'S SIGNATURE <u>Mrs. Binnie Kelley</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>J. B. Bocher</u> ADDRESS <u>Linneus Mo.</u>			
(Licensed Embalmer's Statement on Reverse Side)							

(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 *W. R. Wright*.....

Licensed Embalmer No. *4653*

P. O. Address *Laurel, N.*

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.