

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **36796**

BIRTH NO. _____ REG. DIST. NO. **275** PRIMARY REG. DIST. NO. **5940** Registrar's No. **221**

1. PLACE OF DEATH a. COUNTY Phelps		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Phelps	
b. CITY OR TOWN Rural Liberty Twp		c. CITY OR TOWN Rural Liberty Twp	
c. LENGTH OF STAY (in this place) Life		d. STREET ADDRESS (If rural, give location) South of Newburg	
d. FULL NAME OF HOSPITAL OR INSTITUTION South of Newburg			

3. NAME OF DECEASED (Type or Print)	a. (First) VELMA	b. (Middle) LOIS	c. (Last) SMITH	4. DATE OF DEATH (Month) (Day) (Year)
				Oct 28 1953

5. SEX Female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH Feb 26 1946	9. AGE (in years last birthday) 7	IF UNDER 1 YEAR Days 8	IF UNDER 1 YEAR Hours 2	IF UNDER 1 MIN. Mins.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Student	10b. KIND OF BUSINESS OR INDUSTRY School	11. BIRTHPLACE (City and State or Foreign Country) Arlington Mo	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Clarence W Smith	13b. MOTHER'S MAIDEN NAME Ruby May Woods	14. NAME OF HUSBAND OR WIFE ✓
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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) No	16. SOCIAL SECURITY NO. ✓	17. INFORMANT'S SIGNATURE OR NAME Clarence W Smith	ADDRESS
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 2 Yrs.
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Rheumatic Fever.		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. XXXXX DIED OF XXXX		This case diagnosed by Dr. Stewart Missouri State Board of Health at Rolla Clinic Oct. 20, 1951 Medical attention denied by parents due to religious belief. (Coroners inquest conducted).

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 400X	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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR
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22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased DEAD on **Oct 28, 1953**, and that death occurred at **9:00 AM.**, from the causes and on the date stated above.

23a. SIGNATURE S. P. Mull (Degree or title) Coroner	23b. ADDRESS Rolla, Missouri	23c. DATE SIGNED 10/29/53
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Oct 30 1953	24c. NAME OF CEMETERY OR CREMATORY Goodall	24d. LOCATION (City, town, or county) (State) Arlington Mo
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DATE REC'D BY LOCAL REG. Oct 30 1953	REGISTRAR'S SIGNATURE Nadine L. Stoll	25. FUNERAL DIRECTOR'S SIGNATURE Lee Johnson	ADDRESS Newburg Mo.
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(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD—0810

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
Student Embalmer

Signed Lee Johnson
Licensed Embalmer No. 3392

P. O. Address Newberg Mo

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