

FILED AUG 10 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **21959**

BIRTH NO. _____		REG. DIST. NO. 1		PRIMARY REG. DIST. NO. 3000		Registrar's No. 217					
1. PLACE OF DEATH a. COUNTY Adair				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri				b. COUNTY Scotland			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kirkville		c. LENGTH OF STAY (in this place) 20 days		c. CITY OR TOWN Memphis		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>					
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Kirkville Osteopathic Hosp.				e. STREET ADDRESS (If rural, give location) Rural Route				0990			
3. NAME OF DECEASED (Type or Print)		a. (First) Beulah		b. (Middle) Benton		c. (Last) Smith		4. DATE OF DEATH (Month) (Day) (Year) August 5, 1954			
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married		8. DATE OF BIRTH Oct 7, 1887		9. AGE (In years last birthday) 66			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) Memphis, Missouri				12. CITIZEN OF WHAT COUNTRY? USA			
13a. FATHER'S NAME Charles Honiter			13b. MOTHER'S MAIDEN NAME Mary Collins			14. NAME OF HUSBAND OR WIFE Roy 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. None		17. INFORMANT'S SIGNATURE OR NAME Mrs. Milo Morgan, Memphis, Missouri.					ADDRESS		
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebratory Callosae ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Pancreatic Cancer DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Cyst of Pancreas 157X						INTERVAL BETWEEN ONSET AND DEATH 75 Min			
19a. DATE OF OPERATION July 28 & 4		19b. MAJOR FINDINGS OF OPERATION Large cyst of Pancreas. Large tumor of Pancreas						20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE		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) Am.		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 July 17, 1954 , to Aug 5, 1954 , that I last saw the deceased alive on Aug 5, 1954 , and that death occurred at 555p m., from the causes and on the date stated above.											
23a. SIGNATURE H. G. Holmavaggi				(Degree or title) Doc. 2		23b. ADDRESS 100 W. Jefferson		23c. DATE SIGNED 8-5-54			
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 8-5-54		24c. NAME OF CEMETERY OR CREMATORY Brock Cemetery		24d. LOCATION (City, town, or county) (State) Memphis, Missouri					
DATE REC'D BY LOCAL REG. 8-5-54		REGISTRAR'S SIGNATURE Kate Lambert 1-0			25. FUNERAL DIRECTOR'S SIGNATURE Royce & Sons					ADDRESS Memphis, Mo.	

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..... *Robert B. Davis*

Licensed Embalmer No. *421*

P. O. Address *Fort Smith, Ark.*

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.