FILED AUG 5 - 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 24991

BIRTH NO. _____ REG. DIST. NO. 333 PRIMARY REG. DIST. NO. 3074 Registrar's No. 100

1. PLACE OF DEATH
a. COUNTY: Scott
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sikeston
c. LENGTH OF STAY (in this place): 1 Day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Mo. Delta Community Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Scott
c. CITY OR TOWN: Sikeston
d. Is Residence within limits of a city or incorporated town? Yes ☑ No ☐
STREET ADDRESS (If rural, give location): 707 Taylor

1003 0

3. NAME OF DECEASED (Type or Print)
a. (First): Frances
b. (Middle): Baker
c. (Last): Smith

4. DATE OF DEATH (Month) 7 (Day) 23 (Year) 1955

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: 1/14/1869

9. AGE (In years last birthday): 86 IF UNDER 1 YEAR: Months 6 Days 9 IF UNDER 24 HRS.: Hours ___ Min. ___

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired

10b. KIND OF BUSINESS OR INDUSTRY: 0

11. BIRTHPLACE (City and State or Foreign Country): Kentucky

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME: Charles Chaney

13b. MOTHER'S MAIDEN NAME: Frances Moore

14. NAME OF HUSBAND OR WIFE: William B. Smith Dec.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): —

16. SOCIAL SECURITY NO.: —

17. INFORMANT'S SIGNATURE OR NAME: W. A. Smith
ADDRESS: Sikeston Mo

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, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage, Massive — INTERVAL BETWEEN ONSET AND DEATH: 3 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Hypertensive Cardiovascular Disease — 20 years
DUE TO (c) 331X

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☒

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) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 7-22, 1955, *to* 7-23, 1955, *that I last saw the deceased alive on* 7-23, 1955, *and that death occurred at* 8:00 P. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Curtis B. Smith MD.

23b. ADDRESS: Sikeston Mo

23c. DATE SIGNED: 7-25-55

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 7-26-55

24c. NAME OF CEMETERY OR CREMATORY: Memorial Park

24d. LOCATION (City, town, or county) (State): Sikeston Mo

DATE REC'D BY LOCAL REG.: 7-26-55

REGISTRAR'S SIGNATURE: Mrs. Ella Hunter 429 0

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: Welch Funeral Home Sikeston Mo

(Licensed Embalmer's Statement on Reverse Side)

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

DATE RECEIVED AUG 1 1955

SCOTT CO. HEALTH DEPT.

CO. FILE No. 655-160

AUG 10 1955

AUG 23 1955

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was e

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Raymond Crews

Licensed Embalmer No. 34

P. O. Address Sikeston

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. 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.