

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

635

State File No. ....

FILED FEB 1 1956

BIRTH NO. _____		REG. DIST. NO. <u>65</u>		PRIMARY REG. DIST. NO. <u>4114</u>		Registrar's No. <u>5</u>	
1. PLACE OF DEATH a. COUNTY <u>Chariton</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Chariton</u>			
b. CITY (If outside corporate limits write RURAL and give township) OR TOWN <u>Mendon</u>		c. LENGTH OF STAY (in this place) <u>20 yrs</u>		c. CITY OR TOWN <u>Mendon</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				e. STREET ADDRESS (If rural, give location) <u>0210</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Crystal F.</u> b. (Middle) <u>Smith</u> c. (Last) <u>Smith</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>JAN. 28-1956</u>				
5. SEX <u>F</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>JAN. 16-1894</u>		9. AGE (In years last birthday) <u>62</u>	IF UNDER 1 YEAR Months <u>12</u> Days <u>12</u>	IF UNDER 24 HRS. Hours <u>12</u> Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Housework</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>MARCELINE MO</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Augustas Leake</u>		13b. MOTHER'S MAIDEN NAME <u>Rose Ellen Kelly</u>		14. NAME OF HUSBAND OR WIFE <u>Rosalie Lancaster Mendon MO</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <input checked="" type="checkbox"/>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Rosalie Lancaster Mendon 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic Pyelitis + Nephritis.</u> ANTECEDENT CAUSES DUE TO (b) <u>Parksonian Disease.</u> DUE TO (c) <u>Maudraticion.</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>1 year.</u> <u>8 yrs.</u> <u>2 yrs.</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		350x		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) (Min.)		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>Jan 16, 1956</u> , to <u>JAN 28, 1956</u> , that I last saw the deceased alive on <u>JAN 28, 1956</u> , and that death occurred at <u>4 1/2</u> m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>D. Fowler</u>				23b. ADDRESS <u>Sumner, Mo</u>		23c. DATE SIGNED <u>1-28-56</u>	
24a. BURIAL, CREMATION REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>1-30-56</u>		24c. NAME OF CEMETERY OR CREMATORY <u>McBee</u>		24d. LOCATION (City, town, or county) (State) <u>Boaymer, MO</u>	
DATE REC'D BY LOCAL REG. <u>1-30-56</u>		REGISTRAR'S SIGNATURE <u>Mildred Boone</u>		56-0		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>D. Neipard Mendon MO</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

1951 02 1953

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..... *A. P. Ripard* .....

Licensed Embalmer No.... *391* .....

P. O. Address..... *Wendover* .....

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.