

THE DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH

FILED JUN 7 1956

State File No. 17042

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 200 PRIMARY REG. DIST. NO. 5729 Registrar's No. 125

1. PLACE OF DEATH a. COUNTY <u>Macon</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Macon</u> <u>0610</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural, Ten Mile twmp</u>	c. LENGTH OF STAY (In this place)	c. CITY OR TOWN <u>Macon</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1</u>		e. STREET ADDRESS (If rural, give location) <u>RR #2</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Eugenia</u> b. (Middle) <u>M.</u> c. (Last) <u>Smith</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>May 14, 1956</u>
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widow</u>	8. DATE OF BIRTH <u>May 22, 1882</u>	9. AGE (In years last birthday) <u>74</u>	IF UNDER 1 YEAR Months <u>0</u> Days <u>2</u>	IF UNDER 24 HRS. Hours <u></u> Min. <u></u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>house wife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>housework</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Atlanta, Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>
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13a. FATHER'S NAME <u>William E. McCully</u>	13b. MOTHER'S MAIDEN NAME <u>Georgie E. McCully</u>	14. NAME OF HUSBAND OR WIFE <u>Waldo F. Smith</u>
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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) <u>no</u>	16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Fred Tedford, Macon, Missouri</u>
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>12 hrs</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u>		DUE TO (b) <u>Hypertension &amp; Atherosclerosis</u> <u>Yes</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) <u>Previous Cerebral Hem.</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			<u>4 hrs</u>

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>331x</u>	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)	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 April 7, 1956, to May 14, 1956, that I last saw the deceased alive on May 14, 1956, and that death occurred at 4:20 P.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Howard Miller MD</u>	23b. ADDRESS <u>Macon</u>	23c. DATE SIGNED <u>5/16/56</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>May 16, 1956</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Oakwood</u>	24d. LOCATION (City, town, or county) (State) <u>Macon, Missouri</u>
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DATE REC'D BY LOCAL REG. <u>5/21/56</u>	REGISTRAR'S SIGNATURE <u>Ruth M. Weely</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>R. Lester Bram Macon, Mo.</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

JUN 7 1956

RECEIVED 6-4-56  
MACON COUNTY HEALTH DEPARTMENT  
County File No. 6-56-83  
Date Filed 6-6-56

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 *R. J. Brax*.....

Licensed Embalmer No. 44

P. O. Address *Macon*

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.