.S. No. 300
ev. 10-48

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

FILED OCT 15 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 31782

BIRTH NO. _____ REG. DIST. NO. 300 PRIMARY REG. DIST. NO. 6029 Registrar's No. 23

1. PLACE OF DEATH
a. COUNTY: Reynolds
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Ellington
c. LENGTH OF STAY (in this place): Life
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Home of Daughter Nina Phelps

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo
b. COUNTY: Reynolds
c. CITY OR TOWN: Ellington
d. Is Residence within limits of a city or incorporated town? Yes ☑ No ☐
e. STREET ADDRESS (If rural, give location): 0900

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

4. DATE OF DEATH (Month) 9 (Day) 30 (Year) 56

5. SEX: F
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): W
8. DATE OF BIRTH: Jan 30 1871
9. AGE (In years last birthday): 85 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

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): Reynolds County Mo
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Thomas Skaggs
13b. MOTHER'S MAIDEN NAME: Angline Hampton
14. NAME OF HUSBAND OR WIFE: —

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: Nina Phelps **ADDRESS**: Ellington 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) Squamous Cell Epithelioma Rt. upper extremity c general metastasis — lungs & liver. — INTERVAL BETWEEN ONSET AND DEATH: 10 yrs

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b)
DUE TO (c)

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* March, 1956, *to* Sept 29, 1956, *that I last saw the deceased alive on* Sept 29, 1956, *and that death occurred at* 4 A. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Kenneth T Carter, MD
23b. ADDRESS: Ellington Mo
23c. DATE SIGNED: Sept 30

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 10-1-56
24c. NAME OF CEMETERY OR ~~CREMATORY~~: Skaggs
24d. LOCATION (City, town, or county) (State): Reynolds County Mo

DATE REC'D BY LOCAL REG.: 10-4-56
REGISTRAR'S SIGNATURE: Essie Evans
25. FUNERAL DIRECTOR'S SIGNATURE: Chas S. Pruitt
ADDRESS:

(Licensed Embalmer's Statement on Reverse Side)

976

Received 10-12-56
Reynolds County Hea
File No. 1056- 33

STATEMENT BY LICENSED EMBALMER

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

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

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Chas. S. Pruitt

Licensed Embalmer No. 4574

P. O. Address Ellington, M

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