

FILED JUL 23 1957

STANDARD CERTIFICATE OF DEATH

State File No. 25662

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 275 PRIMARY REG. DIST. NO. 3053 Registrar's No. 119

1. PLACE OF DEATH a. COUNTY Phelps		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri		b. COUNTY Laclede	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rolla		c. LENGTH OF STAY (In this place) Rolla 2 Yrs		c. CITY OR TOWN Lebanon-Rural	
d. FULL NAME OF HOSPITAL OR INSTITUTION McFarland Nursing Home		e. STREET ADDRESS (If rural, give location) XXXXXXXXXXXX Rt 4		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or Print) HARRY		a. (First)		b. (Middle) Wilbert		c. (Last) SMITH		4. DATE OF DEATH 14 July 1957	
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married or widowed		8. DATE OF BIRTH Oct. 21 1882		9. AGE (In years last birthday) 74	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) Pennsylvania		12. CITIZEN OF WHAT COUNTRY USA			

13a. FATHER'S NAME <del>XXXXXXXXXX</del> John Smith		13b. MOTHER'S MAIDEN NAME <del>XXXXXXXXXX</del> Martha Ackerman <del>XXXXXXXXXX</del>		14. NAME OF HUSBAND OR WIFE No record	
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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) S		16. SOCIAL SECURITY NO. unknown		17. INFORMANT'S SIGNATURE OR NAME Mrs. Vera Davy, Lebanon Mo.,		ADDRESS	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH 8 hrs.	
<p>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</p>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u>					
		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? <u>2</u> 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 6-4, 1956, to 14 July, 1957, that I last saw the deceased alive on 6-24, 1957, and that death occurred at 7:00 Am., from the causes and on the date stated above.

23a. SIGNATURE <u>James M. Myers</u>		(Degree or title) <u>M.D.</u>		23b. ADDRESS <u>Rolla, Mo.</u>		23c. DATE SIGNED <u>7/18/57</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE <u>7-18-57</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Rose Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Lebanon, Missouri</u>	
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DATE REG'D BY LOCAL REG. <u>July 18, 1957</u>		REGISTRAR'S SIGNATURE <u>Nadine L. Stoll</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Nu &amp; Sons Funeral Home</u>		ADDRESS <u>Rolla Mo</u>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

Phelps County Health Officer,

County File Number 760

Date Filed JUL 22 1957

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 S. L. Muel .....  
Licensed Embalmer No. 3397

P. O. Address Rolla Mo

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.