

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-021303
STATE FILE NUMBER

FILED JUL 7 1958 Registration District No. 75 Primary Registration District No. 3015 Registrar's No. 81

1. PLACE OF DEATH a. COUNTY <u>Clinton</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MISSOURI</u> COUNTY <u>CLINTON</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Cameron</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>FURNEY</u> <u>0250</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Sackman Home</u>		Length of stay in hospital <u>1st 8 days</u>	d. STREET ADDRESS (If outside, give location) <u>FURNEY MO</u> Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <u>LUKA</u> Middle <u>MAC</u> Last <u>FRUSSELL</u>			4. DATE OF DEATH Month <u>JUNE</u> Day <u>28</u> Year <u>58</u>		
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>April 8 - 1870</u>		9. AGE (In years last birthday) <u>88</u> 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) <u>House wife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Self</u>	11. BIRTHPLACE (City and state or country) <u>Waverly Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>James K. Polk Smith</u>		13b. MOTHER'S MAIDEN NAME <u>Maddie Carpenter</u>		14. NAME OF HUSBAND OR WIFE <u>Deceased</u>

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>4</u>	17. INFORMANT <u>Mrs. Chas. Paisley Cannon Mo</u>	Address <u>Cameron Mo</u>
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Congestive heart failure</u>			INTERVAL BETWEEN ONSET AND DEATH <u>6 mos</u> <u>10 yrs</u>
DUE TO (b) <u>Arterio sclerosis</u>			
DUE TO (c) <u>4500</u>			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)		
20c. TIME OF INJURY Hour _____ Month _____ Day _____ Year _____ a.m. _____ p.m. _____			

20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION <u>Cameron Mo</u>	COUNTY <u>Clinton</u>	STATE <u>Mo</u>
21. I attended the deceased from Death, occurred at <u>5-13-58</u> to <u>6-28-58</u> and last saw her <u>alive</u> on <u>6-15-58</u> . <u>6-25-58 5:15 PM</u> the date stated above; and to the best of my knowledge, from the causes stated.				
22a. SIGNATURE (Degree or title) <u>Francis D. Crawford</u>		22b. ADDRESS <u>Cameron Mo</u>		22c. DATE SIGNED <u>6/30/58</u>

23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>June 30 - 58</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Holden Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>Holden Mo</u>
24. FUNERAL DIRECTOR <u>Poland Funeral Home</u>	ADDRESS <u>Cameron Mo</u>	25. DATE RECD. BY LOCAL REG. <u>6-30-58</u>	26. REGISTRAR'S SIGNATURE <u>Francis D. Crawford</u>

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

1.2

FEB 24 1950

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 Robert F. Poland

Licensed Embalmer No. 4727
P. O. Address 222 Cambridge

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.