

FILED OCT 25 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 32156

BIRTH NO. _____		REG. DIST. NO. <u>13</u>		PRIMARY REG. DIST. NO. <u>506L</u>		Registrar's No. <u>119</u>	
1. PLACE OF DEATH a. COUNTY <u>BARRY</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>BARRY</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>VERONA, RTH 1</u>		c. LENGTH OF STAY (in this place)		c. CITY OR TOWN <u>VERONA</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>7 miles S.E. of VERONA</u>				e. STREET ADDRESS (If rural, give location) <u>7 miles S.E. of Verona.</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>MELVINA</u>		b. (Middle) <u>CAROLINE</u>		c. (Last) <u>SMITH</u>	
4. DATE OF DEATH		(Month) <u>Oct.</u>		(Day) <u>11</u>		(Year) <u>1955</u>	
5. SEX <u>FEMALE</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>August 29, 1870</u>	
9. AGE (In years last birthday) <u>85</u>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 2 WRS. 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 Foreign Country) <u>BARRY COUNTY</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>George Long</u>		13b. MOTHER'S MAIDEN NAME <u>SARAH SMITH</u>		14. NAME OF HUSBAND OR WIFE <u>H.C. Smith</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mr. Lattie Farmer, Verona, Mo.</u>		ADDRESS _____	
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Congestive Heart Failure</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Multiple Deceit</u> DUE TO (c) <u>ulcers</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>4341</u>				INTERVAL BETWEEN ONSET AND DEATH <u>5 yrs.</u> <u>6 months</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) (m.)		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 _____, 19 <u>48</u> , to <u>Oct-11, 1955</u> , that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.							
23a. SIGNATURE <u>A.P. Lopez</u> (Degree or title) <u>M.D.</u>				23b. ADDRESS <u>Aurora, Mo.</u>		23c. DATE SIGNED <u>10-12-55</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>Oct. 14, 1955</u>		24c. NAME OF CEMETERY OR CREMATORY <u>King Palace</u>		24d. LOCATION (City, town, or county) (State) <u>Monett, B. Mo.</u>	
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE <u>Oct 22 55</u>		REGISTRAR'S SIGNATURE <u>Mr. P.N. Cook</u> 513		25. FUNERAL DIRECTOR'S SIGNATURE <u>Charles Math</u>		ADDRESS <u>Aurora Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

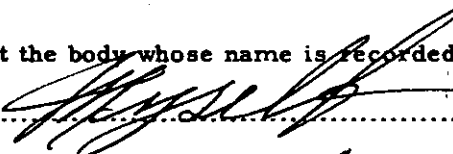
300
48

BARRY COUNTY HEALTH UNIT
CASSVILLE, MO.

NO. 1055-347

DATE REC. 10-24-55

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 

Licensed Embalmer No. 35

P. O. Address Quora

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