

FILED JAN 31 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **3619**

BIRTH NO. _____		REG. DIST. NO. 360		PRIMARY REG. DIST. NO. 4523		Registrar's No. 15			
1. PLACE OF DEATH a. COUNTY Vernon				2. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission). a. STATE Missouri b. COUNTY Vernon					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Schell City		c. LENGTH OF STAY (In this place) 45 yrs		c. CITY OR TOWN Schell City		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION AT HOME				e. STREET ADDRESS (If rural, give location) 108th					
3. NAME OF DECEASED (Type or Print) a. (First) FRANCES			b. (Middle) Isabelle		c. (Last) Daily		4. DATE OF DEATH (Month) (Day) (Year) JAN 20 1956		
5. SEX female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed		8. DATE OF BIRTH JAN. 8 1866		9. AGE (In years last birthday) 90 yrs.	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 home		11. BIRTHPLACE (City and State or Foreign Country) Harrison Co. Missouri.		12. CITIZEN OF WHAT COUNTRY? U.S.A.			
13a. FATHER'S NAME John W. Smith			13b. MOTHER'S MAIDEN NAME Adeline W. Clayton		14. NAME OF HUSBAND OR WIFE D.L. Daily				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME J.R. Daily		ADDRESS Schell City, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral hemorrhage				INTERVAL BETWEEN ONSET AND DEATH	
				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. 331x					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION					20. AUTOPSY? * YES <input type="checkbox"/> NO <input checked="" 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 16 Jan, 1956 , to 20 Jan, 1956 ; that I last saw the deceased alive on 18 Jan, 1956 , and that death occurred at 12:05 p.m. , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) W. L. Cappelton M.D.				23b. ADDRESS Cappelton Co. Mo.		23c. DATE SIGNED 21 Jan 56			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Jan. 22, 1956	24c. NAME OF CEMETERY OR CREMATORY Brown Lawn Cemetery		24d. LOCATION (City, town, or county) (State) Schell City, Mo.				
DATE REC'D BY LOCAL REG. 1-26-1956		REGISTRAR'S SIGNATURE Anna Perry		25. FUNERAL DIRECTOR'S SIGNATURE Lewis & Son		ADDRESS Schell City, Mo.			

(Licensed Emballer's Statement on Reverse Side)

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

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..... *John G. Lewis*

Licensed Embalmer No. *47*

P. O. Address *Schell Pa*

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