

FILED AUG 24 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 29028

BIRTH NO. _____		REG. DIST. NO. 340		PRIMARY REG. DIST. NO. 4503		Registrar's No. 48	
1. PLACE OF DEATH a. COUNTY <u>Stoddard</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Stoddard</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Bernie</u>		c. LENGTH OF STAY (in this place) <u>Life</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Bernie</u>		103	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Home</u>				d. STREET ADDRESS (If rural, give location) <u>1 h</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>James</u> b. (Middle) <u>Landem</u> c. (Last) <u>Smith</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Aug. 5 1949</u>				
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>		8. DATE OF BIRTH <u>June 9 1893</u>	
9. AGE (In years last birthday) <u>56</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming & Ex-Railroad Man</u>		11. BIRTHPLACE (State or foreign country) <u>Bernie, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Jefferson Davis Smith</u>		13b. MOTHER'S MAIDEN NAME <u>Cloa Higginbotham</u>		14. NAME OF HUSBAND OR WIFE <u>St. Louis, Mo</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No, or unknown) (If yes, give war or dates of service) <u>yes World War I</u>		16. SOCIAL SECURITY NO. <u>489-14-9033</u>		17. INFORMANT'S SIGNATURE OR NAME / ADDRESS <u>Dreg Brinkman 4919 Natural Bldg</u>			
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>12 Ga. Shotgun wound on right side of face</u> DUE TO (b) _____ DUE TO (c) <u>being self-inflicted</u> II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>				INTERVAL BETWEEN ONSET AND DEATH <u>Sudden</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT (Specify) SUICIDE <u>Suicide</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>home</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Bernie, Stoddard, Mo.</u>			
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY <u>8-5-49 11:00 P.</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Self-inflicted 103</u>			
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred <u>all 11:00</u> m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Ray W. Rainey, Coroner 2</u>				23b. ADDRESS <u>Dexter, Mo.</u>		23c. DATE SIGNED <u>8-7-49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Aug. 8, 1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Bernie Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Bernie, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>8-10-49</u>		REGISTRAR'S SIGNATURE <u>Delma W. Jenkins</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Landem Funeral Home</u>		ADDRESS <u>Campbell, Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED AUG 19 1949

District Health Office No. 2,

District File Number 849-836

Date Filed _____

SEP 1 1949

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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.

Signed Christina M. Landess

Signed _____
Student Embalmer

Licensed Embalmer No. 4227

P. O. Address Campbell, 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 this body is not embalmed, fact should be so stated above.