

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **40594**

FILED JAN 3 1950

BIRTH NO. _____ REG. DIST. NO. **75** PRIMARY REG. DIST. NO. **3015** Registrar's No. **88**

25

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

1. PLACE OF DEATH a. COUNTY Clinton		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Harris	
b. CITY (If outside corporate limits, write RURAL and give township) Cameron		c. CITY (If outside corporate limits, write RURAL and give township) Bethany	
c. LENGTH OF STAY (In this place) 13 hrs.		d. STREET ADDRESS (If rural, give location) U.S. No. 4	
d. FULL NAME OF HOSPITAL OR INSTITUTION Cameron Community Hosp.			

3. NAME OF DECEASED (Type or Print) a. (First) NOVA b. (Middle) Doble c. (Last) SMITH			4. DATE OF DEATH (Month) (Day) (Year) Dec 19 49		
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH Sept. 4, 1907	9. AGE (In years last birthday) 42	10. CITIZEN OF WHAT COUNTRY? USA
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) CAR DEALER		10b. KIND OF BUSINESS OR INDUSTRY CARS		11. BIRTHPLACE (State or foreign country) Missouri D	

13a. FATHER'S NAME Sherman Smith	13b. MOTHER'S MAIDEN NAME Cynthia Doble	14. NAME OF HUSBAND OR WIFE Florence Smith
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) 486-07-0725	17. INFORMANT'S SIGNATURE OR NAME NOEL SMITH	18. ADDRESS Pinhook Mo
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) (1) FRACTURE OF SKULL (Shock)		INTERVAL BETWEEN ONSET AND DEATH 8 1/2 hrs 2 1/2
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) crushing injury of chest with bilateral fracture of ribs		
	DUE TO (c) collapse of right lung Compound fracture of right femur		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Compound fracture of left tibia fracture of right tibia			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) U.S. highway 69	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Cameron 25 Clinton Mo
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Dec 19 1949 9:20 a.m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? CAR WRECK - O.M.U.S.
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22. I hereby certify that I attended the deceased from **12-19**, 19**49**, to **12-19**, 19**49**, that I last saw the deceased alive on **12-19**, 19**49**, and that death occurred at **1:20** p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Dr. K. H. ...	23b. ADDRESS Cameron Mo	23c. DATE SIGNED 12-20-49
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE Dec 22-49	24c. NAME OF CEMETERY OR CREMATORY Princeton Cemetery Princeton	24d. LOCATION (City, town, or county) (State) Mo
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DATE REC'D BY LOCAL REG. 12-24-49	REGISTRAR'S SIGNATURE Wimbered W. Moser	390	25. FUNERAL DIRECTOR'S SIGNATURE Palmer Funeral Home	ADDRESS Cameron Mo
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 3 1951
 JAN 3 1951
 MAY 23 1951
 RECEIVED
 DEC 27 1949
 DISTRICT
 HEALTH OFFICE
 CAMERON, MO.

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 Robert F. Poland
 Student Embalmer

Signed George J. Lammell
 Licensed Embalmer No. 425
 P. O. Address 224 West 4th
Cameron, 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.