

S. No. 300
V. 10.48

FILED JAN 26 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 1875

0732
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BIRTH NO. _____ REG. DIST. NO. 245 PRIMARY REG. DIST. NO. 3047 Registrar's No. 8

1. PLACE OF DEATH a. COUNTY <u>Newton</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>McDonald</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Neosho</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural-Erie</u>	
c. LENGTH OF STAY (in this place) <u>10 hrs.</u>		d. STREET ADDRESS (If rural, give location) <u>1/2 Mile west of Goodman</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Sale Memorial Hospital</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Arthur</u> b. (Middle) <u>Harold</u> c. (Last) <u>Smith</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>January 11, 1950</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>August 17, 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>Electrical Maintenance, Meat Products</u>	11. BIRTHPLACE (State or foreign country) <u>Delavan, Kansas</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
13a. FATHER'S NAME <u>Luke W. Smith</u>		13b. MOTHER'S MAIDEN NAME <u>Armilda Baker</u>	14. NAME OF HUSBAND OR WIFE <u>Catherine Vaughn Smith</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>486-10-7354</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Catherine Vaughn Smith Goodman, Mo.</u>
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Gun Shot Wound</u> ANTECEDENT CAUSES *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death. 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. INTERVAL BETWEEN ONSET AND DEATH <u>10 hrs.</u> <u>39190</u> <u>19</u>			
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) <u>Accident at home</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Goodman, McDonald, Mo.</u>	21c. CITY, TOWN, OR TOWNSHIP (COUNTY) (STATE) <u>Goodman, McDonald, Mo.</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>1-11-1950-1</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Gun Shot Wound in head</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 at <u>12:25 H. M.</u> from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>D. M. Humphrey, Coroner</u>		23b. ADDRESS <u>Fresville, Mo.</u>	23c. DATE SIGNED <u>1-17-50</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>1-13-50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Howard Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Goodman, Missouri</u>
DATE REC'D BY LOCAL REG. <u>Jan. 20, 1950</u>	REGISTRAR'S SIGNATURE <u>Melvin C. Boyman</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>John B. Papineau</u>	ADDRESS <u>Goodman, Mo.</u>

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

RECEIVED

District Health Officer No. Newton Co. Health Dept.
District File Number 150-27
Date Filed JAN 25 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
Student Embalmer

Signed John B. Papineau.....

Licensed Embalmer No. 4446.....

P. O. Address Goodman, 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.