No. 300
10.48

FILED DEC 5 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 37588

BIRTH NO. _____ REG. DIST. NO. 170 PRIMARY REG. DIST. NO. 5630 Registrar's No. 376

1. PLACE OF DEATH
a. COUNTY: Laclede
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural
c. LENGTH OF STAY (in this place): ✓
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 3 Miles W. Lebanon on highway 64

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo.
b. COUNTY: Laclede
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural 0530
d. STREET ADDRESS (If rural, give location): Lebanon Brice Rt.

3. NAME OF DECEASED (Type or Print): a. (First) Victor b. (Middle) Albert c. (Last) Smishek

4. DATE OF DEATH (Month) (Day) (Year): Nov. 21 1950

5. SEX: M O
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Feb 1, 1917
9. AGE (In years last birthday): 33 — 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): Crane Operator
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Minnesota
12. CITIZEN OF WHAT COUNTRY?: U.S.A

13a. FATHER'S NAME: Elbert Smishek
13b. MOTHER'S MAIDEN NAME: Josephene Hartll
14. NAME OF HUSBAND OR WIFE: Phyllis Huerth

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If yes, give war or dates of service): World War II
16. SOCIAL SECURITY NO.: 397-10-3223
17. INFORMANT'S SIGNATURE OR NAME: Mrs. V. A. Smishek — ADDRESS: Lebanon 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Fractured Skull, severed Lt.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arm, internal injuries,
DUE TO (c) crushed chest

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH: 5 w 1 6 6 / 26

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: 1153
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Highway 64
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): 3 mi W. of Lebanon Laclede Mo.
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): Nov 21 1950 7 05 p.m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☑
21f. HOW DID INJURY OCCUR?: Auto accident OMV

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 7 05 p m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Richard L. Palmer Coroner 3
23b. ADDRESS: Lebanon Mo.
23c. DATE SIGNED: Nov. 22, 1950

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Nov 25 1950
24c. NAME OF CEMETERY OR CREMATORY: Catholic Cemetery
24d. LOCATION (City, town, or county) (State): Lebanon Mo.

DATE REC'D BY LOCAL REG.: 11-25-1950
REGISTRAR'S SIGNATURE: Della L. Day 424
25. FUNERAL DIRECTOR'S SIGNATURE: Palmer's — ADDRESS: Lebanon, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

DEC 6 1950

Received DEC 2 1950
Laclede County Health Unit
File No. 12-50-118
Date Filed DEC 4 1950

DEC 7 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 Richard L Palmer

Licensed Embalmer No. 4595

P. O. Address Lebanon, MO

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.