

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

42699

State File No.

FILED DEC 19 1951

BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 6074 Registrar's No. 399

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

1. PLACE OF DEATH a. COUNTY ST. FRANCOIS		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY ST. FRANCOIS	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Desloge		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Flat River	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location) 0	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print)	a. (First) DONALD	b. (Middle) E	c. (Last) SMITH	4. DATE OF DEATH (Month) (Day) (Year) NOV. 17, 1951
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5. SEX MALE	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH MAY 21, 1916	9. AGE (In years last birthday) 35	IF UNDER 1 YEAR Months 5 Days 26	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) MINING	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) MISSOURI	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME BERT SMITH	13b. MOTHER'S MAIDEN NAME ZELPHIA DAVIS	14. NAME OF HUSBAND OR WIFE MARILYN SMITH
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) yes (If yes, give war or dates of service) W.W. 2 1945-1946	16. SOCIAL SECURITY NO. 498-10-2951	17. INFORMANT'S SIGNATURE OR NAME Bert Smith	ADDRESS Elvins, 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.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Skull fracture, Compound		
	ANTECEDENT CAUSES Vegetative coroner jury: "We the jury find the morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) deceased Everett Smith came to his death by unavoidable accident"		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. death by unavoidable accident			

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.) 32 Highway	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Desloge St. Francois Mo
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Nov 17 1951 a.m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? Collision of automobile & truck
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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 _____ m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Paul K. Dugal active Coroner	23b. ADDRESS Farmington Mo	23c. DATE SIGNED 11/19/51
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	b. DATE Nov 21, 1951	c. NAME OF CEMETERY OR CREMATORY ST. FRANCOIS MEMORIAL	24d. LOCATION (City, town, or county) (State) Bonne Terre, Mo.
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DATE REC'D BY LOCAL REG. Nov. 8, 1951	REGISTRAR'S SIGNATURE Ethel Rudloff	25. FUNERAL DIRECTOR'S SIGNATURE Raymond Caldwell	ADDRESS Flat River, Mo.
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File No. _____
DISTRICT HEALTH OFFICE No. 4

DEC 17 1951

RECEIVED

JAN 5 1952

JAN 7 1953

JAN 22 1954

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 _____

working under my personal supervision.

Student Embalmer No.

Signed R. Caldwell

Signed.....
Student Embalmer

Licensed Embalmer No. 2531

P. O. Address Flat River, 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.