S. No. 300
v. 10.48

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FILED MAY 6 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

13338

State File No.

BIRTH NO. REG. DIST. NO. 156 PRIMARY REG. DIST. NO. 2001 Registrar's No. 1822

1. PLACE OF DEATH
a. COUNTY: Jasper
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Joplin
c. LENGTH OF STAY (In this place): 2 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Freeman Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Jasper
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Joplin 0495
d. STREET ADDRESS (If rural, give location): 408½ West 2nd 0

3. NAME OF DECEASED (Type or Print)
a. (First): Homer
b. (Middle): Carl
c. (Last): Smith

4. DATE OF DEATH (Month) (Day) (Year): April 25, 1952

5. SEX: Male 0
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Feb. 4, 1911
9. AGE (In years last birthday): 41 — 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): Bartender
10b. KIND OF BUSINESS OR INDUSTRY: same
11. BIRTHPLACE (State or foreign country): Walker, Missouri 0
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: O. E. Smith
13b. MOTHER'S MAIDEN NAME: Delia Burchett
14. NAME OF HUSBAND OR WIFE: Edith Smith

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.:
17. INFORMANT'S SIGNATURE OR NAME: Edith Smith — **ADDRESS**: 408½ W. 2nd, Joplin

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): Cerebral contusion and subdural hematoma. — INTERVAL BETWEEN ONSET AND DEATH: 2 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): skull fracture — 2 days
DUE TO (c): injury

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
Epidural hemorrhage — 2 days

19a. DATE OF OPERATION: 4/23/52
19b. MAJOR FINDINGS OF OPERATION: see (a) E983X
20. AUTOPSY? YES ☒ NO ☐

21a. ~~ACCIDENT~~ ~~SUICIDE~~ HOMICIDE (Specify)
21b. PLACE OF INJURY (E.g., in or about home, farm, factory, street, office bldg., etc.): Tavern
21c. (CITY, TOWN, OR TOWNSHIP): Joplin, (COUNTY): Jasper (STATE): Mo.
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): 4/23/52 1A m.
21e. INJURY OCCURRED WHILE AT WORK ☒ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?: Hit on head during fight. What has not been determined

22. *I hereby certify that I attended the deceased from* 4/23, 19 52, *to* 4/25, 19 52, *that I last saw the deceased alive on* 4/24/52, 19 ___, *and that death occurred at* 4:30A *m., from the causes and on the date stated above.*

23a. SIGNATURE: Roland T. Smith (Degree or title): M.D.
23b. ADDRESS: Frisco Bldg., Joplin, Mo.
23c. DATE SIGNED: 4/26/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial 0
24b. DATE: 4-28-52
24c. NAME OF CEMETERY OR CREMATORY: FOREST PARK
24d. LOCATION (City, town, or county) (State): JOPLIN, MISSOURI

DATE REC'D BY LOCAL REG.: 5-30-52
REGISTRAR'S SIGNATURE: Ed Jones / by Lillie Langhus
25. FUNERAL DIRECTOR'S SIGNATURE — **ADDRESS**: Steve Parker Mortuary, Joplin, Mo.

(Licensed Embalmer's Signature on Reverse Side)

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

RECEIVED 5-5-52
Jasper County Health Office
County File Number 52/5/341
Date Filed 5-5-52

APR 21 1953

AUG 5 1953

MAY 9 1953

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 F. M. Jones

Signed .....
Student Embalmer

Licensed Embalmer No. 2319

P. O. Address Joplin 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.