

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

425320

State File No. _____

No. 500
10.48
JAN 13 1953

BIRTH NO. _____ REG. DIST. NO. 146 PRIMARY REG. DIST. NO. 8026 Registrar's No. 526

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| 1. PLACE OF DEATH a. COUNTY <p align="center">Jackson</p> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <p align="center">Missouri</p> b. COUNTY <p align="center">Jackson</p> | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <p align="center">Independence</p> | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <p align="center">Independence</p> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <p align="center">1342 S. Noland</p> | | d. STREET ADDRESS (If rural, give location) <p align="center">1342 S. Noland</p> | |

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| 3. NAME OF DECEASED (Type or Print) a. (First) <p align="center">Orville</p> | b. (Middle) <p align="center">S.</p> | c. (Last) <p align="center">Smith</p> | 4. DATE OF DEATH (Month) (Day) (Year) <p align="center">Dec. 31 1952</p> |
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| 5. SEX <p align="center">Male</p> | 6. COLOR OR RACE <p align="center">white</p> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <p align="center">Widowed</p> | 8. DATE OF BIRTH <p align="center">March 25, 1886</p> | 9. AGE (In years last birthday) <p align="center">66 yrs.</p> | IF UNDER 1 YEAR Months Days | IF UNDER 2 HRS. Hours Min. |
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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <p align="center">Retired Stillman</p> | 10b. KIND OF BUSINESS OR INDUSTRY <p align="center">Standard Oil Co.</p> | 11. BIRTHPLACE (City and State or Foreign Country) <p align="center">Near Appleton City, Missouri</p> | 12. CITIZEN OF WHAT COUNTRY? <p align="center">U.S.A.</p> |
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| 13a. FATHER'S NAME <p align="center">Henry H. Smith</p> | 13b. MOTHER'S MAIDEN NAME <p align="center">Sarah Harding</p> | 14. NAME OF HUSBAND OR WIFE <p align="center">Deceased, Rosa C. Smith</p> |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <p align="center">No</p> | 16. SOCIAL SECURITY NO. <p align="center">486-03-0827</p> | 17. INFORMANT'S SIGNATURE OR NAME <p align="center">Lawrence S. Smith</p> | ADDRESS <p align="center">Rt. 5; Indep., Mo.</p> |
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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 | | 19. INTERVAL BETWEEN ONSET AND DEATH |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <p align="center"><i>Bullet Wound Head</i></p> | | |
| | ANTECEDENT CAUSES 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. | | <p align="center">E 976 X</p> | |

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| 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) <p align="center"><i>Suicide</i></p> | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <p align="center"><i>Home</i></p> | 21c. CITY, TOWN OR VILLAGE (COUNTY) (STATE) <p align="center"><i>Independence Jackson Mo.</i></p> |
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| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <p align="center"><i>12-31-52</i></p> | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21f. HOW DID INJURY OCCUR? <p align="center"><i>Self Inflicted</i></p> |
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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.

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| 22a. SIGNATURE <p align="center"><i>Mrs. W. A. Quinn Corner</i></p> | (Degree or title) <p align="center">3</p> | 23b. ADDRESS <p align="center"><i>1134 Pacific Blvd</i></p> | 23c. DATE SIGNED <p align="center"><i>1-2-53</i></p> |
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| 24a. BURIAL, CREMATION, OR REMOVAL (Specify) | 24b. DATE <p align="center"><i>1-5-53</i></p> | 24c. NAME OF CEMETERY OR CREMATORY <p align="center"><i>Home Cemetery Jackson Co. Mo.</i></p> | 24d. LOCATION (City, town, or county) (State) <p align="center"><i>Mo.</i></p> |
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| DATE REC'D BY LOCAL REG. <p align="center"><i>1-5-53</i></p> | REGISTRAR'S SIGNATURE <p align="center"><i>J. S. [Signature]</i></p> | 25. FUNERAL DIRECTOR'S SIGNATURE <p align="center"><i>W. L. [Signature]</i></p> | ADDRESS <p align="center">Independence, Mo.</p> |
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(Licensed Embalmer's Statement on Reverse Side)

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

495
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JAN 15 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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Charles E. Schroeder

Licensed Embalmer No. 4741

P. O. Address Independence, 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.