

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **9200**

FILED APR 6 1953

BIRTH NO. _____		REG. DIST. NO. 74		PRIMARY REG. DIST. NO. 6293		Registrar's No. 17	
1. PLACE OF DEATH a. COUNTY Clinton				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Clinton			
b. CITY OR TOWN Rural Atchison Mo.		c. LENGTH OF STAY (in this place)		c. CITY OR TOWN Rural Atchison Mo.		d. STREET ADDRESS (If rural, give location) P.O. Box 1, Gower Mo.	
d. FULL NAME OF HOSPITAL OR INSTITUTION Gower Mo. P.O. Box 1				d. STREET ADDRESS (If rural, give location) P.O. Box 1, Gower Mo.			
3. NAME OF DECEASED (Type or Print) a. (First) John b. (Middle) William c. (Last) Smith			4. DATE OF DEATH (Month) (Day) (Year) MARCH 31 1953				
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED		8. DATE OF BIRTH Nov. 25 1890	
9. AGE (In years last birthday) 62		10. MONTHS 4		11. DAYS 6		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER				10b. KIND OF BUSINESS OR INDUSTRY FARMER			
11. BIRTHPLACE (City and State or Foreign Country) Clinton County Missouri				12. CITIZEN OF WHAT COUNTRY? U.S.A.			
13a. FATHER'S NAME Alfred Smith		13b. MOTHER'S MAIDEN NAME Ann Hawkins		14. NAME OF HUSBAND OR WIFE Laura Smith			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO. NONE		17. INFORMANT'S SIGNATURE OR NAME MRS. LAURA SMITH ADDRESS Gower Mo.			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>GUN SHOT WOUND</u> II. OTHER SIGNIFICANT CONDITIONS Failing Health							
MEDICAL CERTIFICATION INTERVAL BETWEEN ONSET AND DEATH NONE							
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) self inflicted, suicide DUE TO (c) _____							
19a. DATE OF OPERATION 1		19b. MAJOR FINDINGS OF OPERATION E976X				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) suicide		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) FARM		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Atchison Clinton MO.			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) MARCH 31 1953 6AM		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
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 6 A m., from the causes and on the date stated above.							
23a. SIGNATURE A.R. Alexander, Judge of Probate (Degree or title)				23b. ADDRESS Plattsburg, MO.		23c. DATE SIGNED 3/31/53	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 4/2/53		24c. NAME OF CEMETERY OR CREMATORY Allen Cemetery		24d. LOCATION (City, town, or county) (State) Gower MO	
DATE REC'D BY LOCAL REG. Apr 8, 53		REGISTRAR'S SIGNATURE Elizabeth Pearce		25. FUNERAL DIRECTOR'S SIGNATURE W. D. Lyon ADDRESS Plattsburg, MO.			

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

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 Danell D. Lyon

Licensed Embalmer No. 3640

P. O. Address Plattsburg, 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.