

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

32930

State File No.

BIRTH NO. FILED NOV 9 1954 REG. DIST. NO. 10 PRIMARY REG. DIST. NO. 3002 Registrar's No. 178

1. PLACE OF DEATH a. COUNTY <u>Audrain</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Audrain</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Mexico</u>		c. CITY OR TOWN <u>Mexico</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) <u>2 hrs</u>		e. STREET ADDRESS (If rural, give location) <u>115 Meyers</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Audrain Hospital</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Thursea</u> b. (Middle) <u>Ethel</u> c. (Last) <u>Smith</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Oct. 30 1954</u>
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>never married</u>	8. DATE OF BIRTH <u>Feb. 16 1892</u>	9. AGE (In years last birthday) <u>62</u>	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 HRS. Hours	IF UNDER 1 MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Clerk</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Mo. P. & L. Co.</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Audrain County, Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>Britton Smith</u>	13b. MOTHER'S MAIDEN NAME <u>Nancy Holcomb</u>	14. NAME OF HUSBAND OR WIFE <u>None</u>
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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) <u>No</u>	16. SOCIAL SECURITY NO. <u>486-12-5938</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Eugene Smith</u>	ADDRESS <u>Laddonia, Mo.</u>
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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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* <u>Inquest with Jury, The deceased died from injuries received in an Automobile wreck between three automobiles on Hiway 54 east of Mexico about four and one half miles. Wreck caused feloniously from careless and wreckless driving of Darty King. The deceased died from fractured neck and other</u>		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u>		
	II. OTHER SIGNIFICANT CONDITIONS <u>injuries, in the Audrain County Hospital.</u>		

19a. DATE OF OPERATION <u>none</u>	19b. MAJOR FINDINGS OF OPERATION <u>none</u>	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Homicide</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, etc.) <u>Hiway 54 East of Mexico, Mo.</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Mexico 129 Audrain Mo.</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Oct 30 54 5:45</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Automobiles Wreck</u>
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22. I hereby certify that I attended the deceased from Coroner's Case, 1954, that I last saw the deceased died 10-30-, 1954, and that death occurred at 8:15p m., from the causes and on the date stated above.

23a. SIGNATURE <u>S. C. Adams, M.D., Coroner</u>	(Degree or title)	23b. ADDRESS <u>Mexico Audrain Missouri</u>	23c. DATE SIGNED <u>10-31-54</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Nov. 1 1954</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Laddonia Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Laddonia, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>Nov. 1-1954</u>	REGISTRAR'S SIGNATURE <u>Blanche Keely</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Arnold Funeral Home</u>	ADDRESS <u>Mexico Mo</u>
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WRITE PLAINLY--USING UNFADING BLACK INK--MAKE A PERMANENT RECORD

JUN 1 1956

NOV 1 1956

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..... Signature of Student Embalmer

Signed *Oliver Arnold*

: Licensed Embalmer No. 315

P. O. Address *Muskegon*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting. If this body is not embalmed, fact should be so stated above.