

FILED NOV 30 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **36422**

BIRTH NO. _____		REG. DIST. NO. <u>10</u>		PRIMARY REG. DIST. NO. <u>3002</u>		Registrar's No. <u>196</u>				
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. LENGTH OF STAY (In this place) <u>20 months</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"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1803 W. Boulevard</u>				e. STREET ADDRESS (If rural, give location) <u>1803 W. Boulevard</u>				<u>00420</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>LOREN</u>			b. (Middle) <u>LEE</u>		c. (Last) <u>SMITH</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 23, 54</u>			
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Dec. 25, 1911</u>		9. AGE (In years) (Last birthday) <u>42</u>		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Laborer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Fire Brick</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Audrain County, Mo.</u>			12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			
13a. FATHER'S NAME <u>William M. Smith</u>			13b. MOTHER'S MAIDEN NAME <u>Annie L. Anderson</u>			14. NAME OF HUSBAND OR WIFE <u>Adele Smith</u>				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>486-12-1382</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Adele Smith; Mexico, Mo.</u>					ADDRESS	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>		1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Inquest with jury. The deceased was found shot in his home by his wife and died in a few minutes without making a statement, from the effects of a bullet wound 22 caliber rifle. The jury finds accidental death, caused by the discharging of gun. Cause unknown to jury. No indications of foul play.</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>death, caused by the discharging of gun. Cause unknown to jury. No indications of foul play.</u>								
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>none</u>						20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Home</u>		21c. (CITY, TOWN, OR TOWNSHIP) <u>Mexico</u>		(COUNTY) <u>Audrain</u>		(STATE) <u>Mo</u>		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Nov 23 1954 p.</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Gunshot wound in right side of head</u>						
22. I hereby certify that I attended the deceased from <u>Coroner's Case</u> , 19 <u>54</u> , that I last saw the deceased <u>live on</u> <u>Nov 23, 1954</u> , and that death occurred at <u>10 p.m.</u> , from the causes and on the date stated above.										
23a. SIGNATURE <u>L. C. Adams M.D. Coroner</u>				(Degree or title) 23b. ADDRESS <u>Mexico, Missouri</u>				23c. DATE SIGNED <u>Nov 24, 1954</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Nov. 26, 54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Hlmwood</u>		24d. LOCATION (City, town, or county) (State) <u>Mexico, Mo.</u>				
DATE REC'D BY LOCAL REG <u>Nov 25 1954</u>		REGISTRAR'S SIGNATURE <u>Blanche Neely</u>			25. FUNERAL DIRECTOR'S SIGNATURE <u>Paul E. Pugh</u> ADDRESS <u>Mexico, Mo.</u>					

(Licensed Embalmer's Statement on Reverse Side)

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.....  
Signature of Student Embalmer

Signed *Earl S. Pugh*.....

Licensed Embalmer No. 3189...

P. O. Address Mexico, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.