

FILED MAR 14 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **3929**

BIRTH NO. _____ REG. DIST. NO. **38** PRIMARY REG. DIST. NO. **5120** Registrar's No. **60**

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| 1. PLACE OF DEATH a. COUNTY Boone | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Boone | |
| b. CITY (If outside corporate limits, write RURAL and give OR TOWN Rural, Columbia) | c. LENGTH OF STAY (In this place township) 20 yrs | c. CITY OR TOWN Columbia | 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 314 East Columbia, HiWay 40 | | STREET ADDRESS (If rural, give location) 209 S. 30th St. 0105 | |

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| 3. NAME OF DECEASED (Type or Print) a. (First) George b. (Middle) Scott c. (Last) Curtis Smith | 4. DATE OF DEATH (Month) (Day) (Year) 3/8/1955 |
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|--------------------|-------------------------------|---|--|---|---|--|
| 5. SEX Male | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married | 8. DATE OF BIRTH Sept. 12, 1923 | 9. AGE (In years last birthday) 31 | 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) Self employed | 10b. KIND OF BUSINESS OR INDUSTRY Coin Machines | 11. BIRTHPLACE (City and State or Foreign Country) Novelty, Missouri | 12. CITIZEN OF WHAT COUNTRY? U.S. |
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| 13a. FATHER'S NAME W. H. Smith | 13b. MOTHER'S MAIDEN NAME Bessie M. Tyhurst | 14. NAME OF HUSBAND OR WIFE Betty Curtis Smith |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) Yes WWII | 16. SOCIAL SECURITY NUMBER 486-22-8717 | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. H. J. Fields, Columbia, Mo. |
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| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) <i>This does not mean mode of dying, such as shock, failure, asthenia, means the disease, injury, or complication which caused death.</i> | MEDICAL CERTIFICATION | | INTERVAL BETWEEN ONSET AND DEATH immediate |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Subdural hematoma | | |
| 19. DATE OF OPERATION | ANTECEDENT CAUSES | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
| | Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Fractured skull DUE TO (c) | | |
| 19b. MAJOR FINDINGS OF OPERATION | | II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | |

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| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Highway 40 | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Columbia Boone Mo |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 3 8 55 7⁴⁵ p.m. | 21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21f. HOW DID INJURY OCCUR? Collision |

22. I hereby certify that I attended the deceased from **3/8**, 19**55**, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at **7:45 p.m.**, from the causes and on the date stated above.

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| 23a. SIGNATURE (Degree or title) Henry J. Sweet, MD Coroner | 23b. ADDRESS Columbia Mo | 23c. DATE SIGNED 3/9/55 |
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|---|----------------------------|---|--|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 24b. DATE 3/11/1955 | 24c. NAME OF CEMETERY OR CREMATORY Memorial Park | 24d. LOCATION (City, town, or county) (State) Columbia, Mo. |
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| DATE REC'D BY LOCAL REG. Mar 10 1955 | REGISTRAR'S SIGNATURE Mrs R.E. Palmer | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Memorial Funeral Home, Columbia, Mo. |
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

Can be used for medical purposes

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MAR 27 1933

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emb
by me, ~~by~~, Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Lyman H. Sprinkle*.....

Licensed Embalmer No. *401*

P. O. Address *Columbus*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F
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.