

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

5768

State File No.

58

FILED MAR 7 1955

BIRTH NO. _____ REG. DIST. NO. 274 PRIMARY REG. DIST. NO. 5926 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY <u>Pettis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Pettis</u>	
b. CITY OR TOWN <u>Rural Hat Creek township</u>		c. CITY OR TOWN <u>Sedalia</u>	
c. LENGTH OF STAY (in this place) <u>3 years</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>P.F.D. #1</u>		e. STREET ADDRESS (If rural, give location) <u>P.F.D. #1 - 9 mi. South 3/4 mi. West 08000</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Leon</u> b. (Middle) <u>Nicholas</u> c. (Last) <u>SMASA</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Feb 25 1955</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>Sept 22 1918</u>
9. AGE (In years last birthday) <u>36</u>	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Boyd Wisconsin</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
13a. FATHER'S NAME <u>John A. Smasal</u>	13b. MOTHER'S MAIDEN NAME <u>Mary Schumacher</u>	14. NAME OF HUSBAND OR WIFE <u>Virginia Smasal</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>yes World War II</u>	16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Virginia Smasal</u> ADDRESS <u>RFD #1 Sedalia</u>	
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, assthenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>accidental trauma</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>by firearm</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u> <u>E9191</u> <u>19</u>		INTERVAL BETWEEN ONSET AND DEATH
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT (Specify) <u>Accident</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>farm</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Pettis Mo</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>2-25-55 12:05</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Accidentally shot while hunting rabbits</u>	
22. I hereby certify that I <u>viewed</u> the deceased <u>as Coroner</u> , 19 <u>55</u> , that I last saw the deceased <u>alive on</u> <u>19</u> , and that death occurred at <u>12:05 P. m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Chas Gordon Steinfels M.D. Coroner</u>		23b. ADDRESS <u>Pettis Co</u>	23c. DATE SIGNED <u>2-27-55</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>2-27-55</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Not known here.</u>	24d. LOCATION (City, town, or county) (State) <u>Boyd Wisconsin</u>
DATE REC'D BY LOCAL REG. <u>2-27-55</u>	REGISTRAR'S SIGNATURE <u>Spurna Goetz Deputy</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>M^cLaughlin Bros</u>	ADDRESS <u>Sedalia</u>

(Licensed Embalmer's Statement on Reverse Side)

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

MAR 17 1955

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.....
K.P.M. Cray

Licensed Embalmer No. 315

P. O. Address *Sedalia*

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.