

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **17625**

BIRTH NO. _____ REG. DIST. NO. **4** PRIMARY REG. DIST. NO. **4014** Registrar's No. **45**

1. PLACE OF DEATH a. COUNTY Atchison		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Atchison	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Tarkio		c. CITY OR TOWN Tarkio	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) 12 yrs		e. STREET ADDRESS (If rural, give location) 000th	
d. FULL NAME OF HOSPITAL OR INSTITUTION **			

3. NAME OF DECEASED (Type or Print) a. (First) ARCHIE b. (Middle) L c. (Last) SMITH			4. DATE OF DEATH (Month) (Day) (Year) June 16, 1955		
5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) single	8. DATE OF BIRTH July 29, 1898	9. AGE (In years last birthday) 56	IF UNDER 1 YEAR: Months 10 Days 17
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) day labor		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) Quitman, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.

13a. FATHER'S NAME Robert Smith		13b. MOTHER'S MAIDEN NAME Alice Pryor		14. NAME OF HUSBAND OR WIFE single	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) yes		16. SOCIAL SECURITY NO. W.W. 2 500-02-8951		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Veda Smith Elmo, Missouri	

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, ashenia, etc. It means the disease, injury, or complication which caused death.		1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Suicide—Wrist Cut		INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____			
		DUE TO (c) _____			
II. OTHER SIGNIFICANT CONDITIONS		Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION E977X		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE (Specify) suicide		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) about home		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Tarkio, Atchison, Mo.	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input 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 **approx 9:30am** from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) D. L. C. Gallup coroner		23b. ADDRESS Rock Port, Mo.		23c. DATE SIGNED 6/18/55	
24a. BURIAL, CREMATION, REMOVAL (Specify) burial		24b. DATE 6/18/55		24c. NAME OF CEMETERY OR CREMATORY High Prairie Cemetery	
24d. LOCATION (City, town, or county) (State) Elmo, Missouri		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Davis Funeral Home Tarkio, Mo.			
DATE REC'D BY LOCAL REG. 7/9/1955		REGISTRAR'S SIGNATURE Marvin Nichols		443	

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..... *Frost R. Browning*

Licensed Embalmer No. 3338

P. O. Address...Tarkio, 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.