

FILED AUG 12 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 23227

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 290 PRIMARY REG. DIST. NO. 5985 Registrar's No. 117

1. PLACE OF DEATH a. COUNTY <b>Pulaski</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Tenn.</b> b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give name of township) OR TOWN <b>Fort Leonard Wood</b>		c. CITY OR TOWN <b>Bristol</b>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) _____		e. STREET ADDRESS (If rural, give location) <b>18 22 nd St.</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION _____			

3. NAME OF DECEASED (Type or Print)	a. (First) <b>Myrtle May</b>	b. (Middle) <b>Smith</b>	c. (Last) <b>Glover</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>8/4/55</b>
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5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED?, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>July 8, 1891</b>	9. AGE (In years last birthday) <b>63</b>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 14 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>dry cleaning</b>	10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (City and State or Foreign Country) <b>Piney Flat Tenn</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
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13a. FATHER'S NAME <b>John W. Smith</b>	13b. MOTHER'S MAIDEN NAME <b>Minnie Yost</b>	14. NAME OF HUSBAND OR WIFE <b>UNKNOWN</b>
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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) <b>UNKNOWN</b>	16. SOCIAL SECURITY NO. <b>UNKNOWN</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Rev. W. Clyde Smith</b>	ADDRESS <b>Bristol, Tenn</b>
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Skull fracture crushing</b>		
	ANTECEDENT CAUSES *Forbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>injuries, result plane crash</b> DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>861X</b>			

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION <b>39</b>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>accident</b>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>Ft. Wood</b>	21c. (CITY, TOWN, OR TOWNSHIP) <b>Ft. Wood</b> (COUNTY) <b>PULASKI</b> (STATE) <b>MO</b>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>Aug 4 55 1233P</b>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <b>AIRPLANE CRASH</b>
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22. I hereby certify that I attended the deceased on **Aug 4, 1955**, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at **12:33** m., from the causes and on the date stated above.

23a. SIGNATURE <b>County Coroner B. Hedges</b>	23b. ADDRESS <b>Richland, Missouri</b>	23c. DATE SIGNED <b>8/9/55</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	24b. DATE <b>8/7/55</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Fred Weaver Funeral Home</b>	24d. LOCATION (City, town, or county) (State) <b>Bristol, Tenn</b>
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DATE REC'D BY LOCAL REG. <b>8-7-55</b>	REGISTRAR'S SIGNATURE <b>Paula Mae Anderson</b>	458	25. FUNERAL DIRECTOR'S SIGNATURE <b>Walter Hedges</b>	ADDRESS <b>Hedges Funeral Homes Crocker, Mo.</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

Date Filed 8-7-55  
File Number 8-7-55  
Polaski County Health Officer  
RECEIVED 8-7-55

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 *Walter P. Kasper*

Licensed Embalmer No. *426*  
P. O. Address *Levi, 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.