

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

27273

State File No.

FILED SEP 13 1955

BIRTH NO. _____ REG. DIST. NO. 291 PRIMARY REG. DIST. NO. 5991 Registrar's No. 62

0860
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1. PLACE OF DEATH a. COUNTY <u>Putnam County</u>		2. USUAL RESIDENCE (Where deceased lived, or institution, residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Putnam</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Liberty</u>		c. CITY OR TOWN <u>Rur 1</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		• STREET ADDRESS (If rural, give location) <u>Liberty, Tp/</u> <u>6560</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Ira</u>	b. (Middle)	c. (Last) <u>Smith</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Sept, 5 1955</u>
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5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>W</u>	8. DATE OF BIRTH <u>Mar. 11-1882</u>	9. AGE (In years last birthday) <u>73</u>	IF UNDER 1 YEAR Months <u>5</u>	IF UNDER 1 HR. Hours <u>27</u> Mins. <u>0</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>oil drums and Grocery</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>
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13a. FATHER'S NAME <u>Stark Smith</u>	13b. MOTHER'S MAIDEN NAME <u>Josephine Miliron</u>	14. NAME OF HUSBAND OR WIFE <u>Laura Smith</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>	16. SOCIAL SECURITY NO. <u>no</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Walter Smith, Lewiston, Ill.</u>	ADDRESS
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>13 hours</u> <u>5 hours</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Shock of Brain</u>	DUPLICATE OF (a) <u>Concussion</u>	
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUPLICATE OF (c) <u>Car accident</u>		
	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	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT (Specify) <u>Car</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>State highway 29</u>	21c. CITY, TOWN, OR TOWNSHIP <u>Unionville</u> (COUNTY) <u>Putnam</u> (STATE) <u>Mo</u>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>9-4-55 5 p.m.</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Drove into ditch.</u>

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 at 12 a.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Chas Fowler Coroner</u>	23b. ADDRESS <u>Unionville Mo.</u>	23c. DATE SIGNED <u>9-6-1955</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>B</u>	24b. DATE <u>Sept, 7-55</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Thompson</u>	24d. LOCATION (City, town, or county) (State) <u>Putnam Co. Mo.</u>
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DATE REC'D BY LOCAL REG. <u>9-12-55</u>	REGISTRAR'S SIGNATURE <u>Marvell Darbin</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>F. O. Husted</u> ADDRESS <u>Unionville</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

OCT 24 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.....
F. O. Hustid

Licensed Embalmer No. *29*

P. O. Address *Unionville*

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.