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0.48

FILED NOV 30 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 37522

BIRTH NO. _____ REG. DIST. NO. 210 PRIMARY REG. DIST. NO. 5773 Registrar's No. 74

1. PLACE OF DEATH
a. COUNTY US. Highway 136
Mercer Co
b. CITY (If outside corporate limits, give RURAL and give town or township) Princeton Morgan Township
c. LENGTH OF STAY (In this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION Highway Accident.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE Mo b. COUNTY Gentry
c. CITY OR TOWN King City
d. Is Residence within limits of a city or incorporated town? Yes No
e. STREET ADDRESS (If rural, give location) 0.380/

3. NAME OF DECEASED
a. (First) Arven b. (Middle) Leon c. (Last) Smothers
(Type or Print)
4. DATE OF DEATH 11.20.1955 (Month) (Day) (Year)

5. SEX Male 6. COLOR OR RACE white 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) never married 8. DATE OF BIRTH 1.12.1935 9. AGE (In years last birthday) 20 IF UNDER 1 YEAR Months 10 IF UNDER 24 HRS. Days 8 Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) USA Sailor 10b. KIND OF BUSINESS OR INDUSTRY same 11. BIRTHPLACE (City and State or Foreign Country) Bolckow Mo. 12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Emil Smothers 13b. MOTHER'S MAIDEN NAME Grace L. Smith 14. NAME OF HUSBAND OR WIFE Never Married

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes Now US. Navy 16. SOCIAL SECURITY NO 489-36-2215 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Grace Smothers. King City Mo.

18. CAUSE OF DEATH Enter 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
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Fractured neck
ANTECEDENT CAUSES DUE TO (b) Auto accident
Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (c)
II. OTHER SIGNIFICANT CONDITIONS Fractured right tibia
Conditions contributing to the death but not related to the disease or condition causing death. Intra-abdominal hemorrhage
INTERVAL BETWEEN ONSET AND DEATH Instant

19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 8164 26 20. AUTOPSY? YES NO

21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Highway 136 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Morgan 065 Mercer Missouri

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 11 20 55 1:45am 21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR? Car he was driving was struck head-on by another car

22. I hereby certify that I attended the deceased from never, 19, to never, 19, that I last saw the deceased alive on, 19, and that death occurred at 1:45a m., from the causes and on the date stated above.

23a. SIGNATURE Frank J Zahrt (Degree or title) MD 23b. ADDRESS Princeton, Missouri 23c. DATE SIGNED 11-23-55

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 24b. DATE 11.22.1955 24c. NAME OF CEMETERY OR CREMATORY Cedar Hill Cemetery 24d. LOCATION (City, town, or county) (State) Blythedale Mo

DATE REC'D BY LOCAL REG 11-24-55 REGISTRAR'S SIGNATURE 393 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS King City MO

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

MAY 30 1956

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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 *A. G. Taggart*.....

Licensed Embalmer No. 2563

P. O. Address KingCity M

- 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.