

FILED NOV 22 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **37566**

BIRTH NO. _____ REG. DIST. NO. **231** PRIMARY REG. DIST. NO. **4346** Registrar's No. **3**

1. PLACE OF DEATH a. COUNTY Montgomery		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri Montgomery	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Montgomery Mo		c. LENGTH OF STAY (in this place) 13 yr	
d. FULL NAME OF HOSPITAL OR INSTITUTION Home		c. CITY OR TOWN Montgomery City Mo d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
		e. STREET ADDRESS (If rural, give location) none	

3. NAME OF DECEASED (Type or Print)	a. (First) Daniel	b. (Middle) N.	c. (Last) Smith	4. DATE OF DEATH (Month) (Day) (Year) II-13-1955
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 12-31-1929	9. AGE (In years last birthday) 25	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer	10b. KIND OF BUSINESS OR INDUSTRY Concrete	11. BIRTHPLACE (City and State or Foreign Country) St Louis Mo	12. CITIZEN OF WHAT COUNTRY? U. S. A.
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13a. FATHER'S NAME William D. Smith	13b. MOTHER'S MAIDEN NAME Alma Johnson	14. NAME OF HUSBAND OR WIFE Myrtle Carr Smith
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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) yes Regular U.S. Army 500-30-5307	16. SOCIAL SECURITY NO. 600-30-5307	17. INFORMANT'S SIGNATURE OR NAME Mrs William D. Smith	ADDRESS Montgomery City Mo
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) _____		INTERVAL BETWEEN ONSET AND DEATH
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused 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.) 974X		

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 SUICIDE HOMICIDE (Specify) Suicide	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Montgomery City "Montgomery" Mo
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) II-13-1955	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? self inflicted/belt Strangulation from hanging by leather
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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 _____ m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) L. E. Robertson	Coroner	23b. ADDRESS Montgomery City Mo	23c. DATE SIGNED 11-16-55
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE II-15-1955	24c. NAME OF CEMETERY St Marys	24d. LOCATION (City, town, or county) (State) Montgomery City Mo
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DATE REC'D BY LOCAL REG. Nov. 17-1955	REGISTRAR'S SIGNATURE Laurel Callaway	500-2	25. FUNERAL DIRECTOR'S SIGNATURE W. Hopkins	ADDRESS MONTGOMERY CITY MO
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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 ~~XXXX~~ on the 13 th day of Nov 1955, Student Embalmer No.

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed..... *C. W. Hopkins*

Licensed Embalmer No. 1487

P. O. Address Montgomery C

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.