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THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED DEC 28 1955

State File No. 40310

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 131 PRIMARY REG. DIST. NO. 3023 Registrar's No. 54

1. PLACE OF DEATH a. COUNTY <b>HENRY</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MO.</b> b. COUNTY <b>Jackson</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>CLINTON</b>	c. LENGTH OF STAY (in this place)	c. CITY OR TOWN <b>Kansas City</b>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <b>N. 3rd. St. Railway crossing</b>		e. STREET ADDRESS (If rural, give location) <b>318 Newton St.</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>VIRLIN</b> b. (Middle) <b>ALFRED</b> c. (Last) <b>SMITH</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>DEC. 18, 1955</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Single</b>	8. DATE OF BIRTH <b>6-26-87</b>	9. AGE (In years last birthday) <b>68</b>	IF UNDER 1 YEAR Months <b>5</b> Days <b>22</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Steel Worker</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <b>Ark.</b>	
12. CITIZEN OF WHAT COUNTRY? <b>USA</b>					

13a. FATHER'S NAME <b>Jerry Smith</b>	13b. MOTHER'S MAIDEN NAME <b>Mary Jane Massengale</b>	14. NAME OF HUSBAND OR WIFE			
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>	16. SOCIAL SECURITY NO. <b>487-05-4538</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Orville Smith</b> ADDRESS <b>318 Newton St. H.C. Mo.</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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Fracture of skull</b>			INTERVAL BETWEEN ONSET AND DEATH	
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Traumatic injury</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 <b>8100</b>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT (Specify) <b>Car wreck</b>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street office bldg., etc.) <b>N. 3rd Clinton mo</b>	21c. (CITY, TOWN, OR TOWNSHIP) <b>Clinton</b> (COUNTY) <b>Henry</b> (STATE) <b>Mo.</b>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>12-18-55 4:45 P.M.</b>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <b>Car-train wreck Clinton mo</b>

22. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to **12-18**, 19**55**, that I last saw the deceased alive on **DOA**, 19**55**, and that death occurred at **4:45 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>R J Powell (Coroner) D.O.H.</b>	23b. ADDRESS <b>Clinton mo</b>	23c. DATE SIGNED <b>12/19/55</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	24b. DATE <b>Dec. 19, 1955</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Shaddock Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Fruit, Ark.</b>
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DATE REC'D BY LOCAL REG. <b>Dec 19 55</b>	REGISTRAR'S SIGNATURE <b>Maduel Biegan</b>	521-	25. FUNERAL DIRECTOR'S SIGNATURE <b>W. Barsant</b> ADDRESS <b>Clinton, Mo</b>
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(Licensed Embalmer's Statement on Reverse Side)

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

JAN 4

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 *V. J. Vincent*

Licensed Embalmer No. *37*

P. O. Address *Clinton*

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.