No. 300
10-48

FILED JAN 9 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 41243

BIRTH NO. _____ REG. DIST. NO. 176 PRIMARY REG. DIST. NO. 5-6-52 Registrar's No. 21

1. PLACE OF DEATH
a. COUNTY: Lawrence
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Miller Greene
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Hy 66 m Phelps

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Jasper
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Asbury Greene, C
d. STREET ADDRESS (If rural, give location): 055 C

3. NAME OF DECEASED (Type or Print)
a. (First): Ora
b. (Middle): Eugene
c. (Last): Smith

4. DATE OF DEATH (Month) (Day) (Year): 12-10-1955

5. SEX: Male D
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 6-5-1901
9. AGE (In years last birthday): 54 — If under 1 year: Months 6, Days 5; If under 1 hr.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Trucking
10b. KIND OF BUSINESS OR INDUSTRY: Construction Dump Truck
11. BIRTHPLACE (State or foreign country): Asbury Mo.
12. CITIZEN OF WHAT COUNTRY?: C

13a. FATHER'S NAME: Ed Smith
13b. MOTHER'S MAIDEN NAME: Ekha Bower
14. NAME OF ~~HUSBAND OR~~ WIFE: Grace Smith Asbury Mo.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.: 486-05-8484
17. INFORMANT'S SIGNATURE OR NAME: Grace Smith — **ADDRESS**: Asbury Mo

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

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Car Accident — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b): Crushed Head, Broken Neck
DUE TO (c): Crushed Chest, Broken Leg.

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 ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): U.S. Highway 66
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): West Edge Phelps Lawrence Mo.
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): 12-10-1955 1:30 AM
21e. INJURY OCCURRED WHILE AT WORK ☒ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?: Died before arrival

22. *I hereby certify that I attended the deceased from* died before arrival, 19____, *to* _____, 19____, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* 1:30 A.m., *from the causes and on the date stated above.*

23a. SIGNATURE: H L Jassell (Degree or title): Coroner Lawrence County
23b. ADDRESS: Mt. Vernon Mo.
23c. DATE SIGNED: 12-10-1955

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: 12-10-1955
24c. NAME OF CEMETERY ~~OR CREMATORY~~: Friend
24d. LOCATION (City, town, or county) (State): Purcell Mo.

DATE REC'D BY LOCAL REG.: 12-14-55
REGISTRAR'S SIGNATURE: W S Barnes 158 0
25. FUNERAL DIRECTOR'S SIGNATURE: Morris Lemon — **ADDRESS**: Mellen Mo.

(Licensed Embalmer's Statement on Reverse Side)

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~~ .....

....., Student Embalmer No. .....

working under my personal supervision.

Student .....
Student Embalmer

Signed E. R. Lemon

Licensed Embalmer No. 3297

P. O. Address Miller Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.