

FILED JAN 31 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 3548

BIRTH NO.		REG. DIST. NO. 339		PRIMARY REG. DIST. NO. 649		Registrar's No. 12	
1. PLACE OF DEATH a. COUNTY Stoddard				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Stoddard			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Duck Creek		c. LENGTH OF STAY (In this place) --		c. CITY OR TOWN Bloomfield		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION Highway # 60, #12 Ditch Bridge				f. STREET ADDRESS (If rural, give location) 1030			
3. NAME OF DECEASED (Type or Print) DONALD JOSEPH SMITH			a. (First) b. (Middle) c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) Jan. 12, 1956	
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married		8. DATE OF BIRTH Sept. 19, 1911	
9. AGE (In years last birthday) 44		10. KIND OF BUSINESS OR INDUSTRY Field Worker, Stoddard co. Welfare Office		11. BIRTHPLACE (City and State or Foreign-Country) Bloomfield, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign-Country)		12. CITIZEN OF WHAT COUNTRY?	
13a. FATHER'S NAME Louis Smith			13b. MOTHER'S MAIDEN NAME Cora Kimbrell			14. NAME OF HUSBAND OR WIFE -----	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes		16. SOCIAL SECURITY NO. 5 yrs. 490-18-1787		17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS Reginal Smith 2163 Fairhaven St. Louis, Missouri			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Circulatory shock				INTERVAL BETWEEN ONSET AND DEATH 15 min.	
*This does not mean the mode of dying, such as heart failure, ashenia, 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) Severe concussion of brain and cervical spine. Also ruptured jugular vein. DUE TO (c) jugular vein.					
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"/>	
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 60		21c. (CITY, TOWN, OR TOWNSHIP) Duck Creek Twp. 103 (COUNTY) Stoddard, Mo. (STATE)			
21d. TIME OF INJURY Jan. 12, 1956 11:40 AM		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? Automobile accident			
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 11:40 AM, from the causes and on the date stated above.							
23a. SIGNATURE <i>W. W. Greig</i>			23b. ADDRESS Dexter, Missouri			23c. DATE SIGNED 1-14-56	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Jan. 25, 56		24c. NAME OF CEMETERY OR CREMATORY Bloomfield cemetery		24d. LOCATION (City, town, or county) (State) Bloomfield, Mo.	
DATE REC'D BY LOCAL REG. 1/26/56		REGISTRAR'S SIGNATURE <i>Pearl Reed</i>		25. FUNERAL DIRECTOR'S SIGNATURE 490		ADDRESS CHILES UND. CO. BLOOMFIELD, MO.	

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

FEB 1 1956

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, & by Lulu Cooper # 3499, ~~Student Embalmer No. XXX~~ working under my personal supervision ~~XXXX~~

Student.....
Signature of Student Embalmer

Signed Juan C. Cooper

Licensed Embalmer No. 4119

P. O. Address Bloomfield,

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.