

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED MAY 25 1956

State File No. **18678**
4660
Registrar's No. _____

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

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| 1. PLACE OF DEATH a. COUNTY _____ | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MO. b. COUNTY _____ | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS | |
| c. LENGTH OF STAY (in this place) _____ | | d. STREET ADDRESS (If rural, give location) 21 1016 N. LEFFENWELL | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION 1016 N. LEFFENWELL | | e. NAME OR LOCATION _____ | |

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| 3. NAME OF DECEASED (Type or Print) | a. (First) FANNIE | b. (Middle) MAE | c. (Last) SMITH | 4. DATE OF DEATH (Month) (Day) (Year) 5 10 56 |
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| 5. SEX FEMALE | 6. COLOR OR RACE COLORED | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED | 8. DATE OF BIRTH OCT. 26, 1918 | 9. AGE (In years last birthday) 37 | IF UNDER 1 YEAR Months _____ Days _____ | IF UNDER 24 HRS. Hours _____ Min. _____ |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSE WIFE | | 10b. KIND OF BUSINESS OR INDUSTRY NONE | | 11. BIRTHPLACE (State or foreign country) GREENSBORO, ALA. | | 12. CITIZEN OF WHAT COUNTRY? U.S.A. |

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| 13a. FATHER'S NAME JIMMIE ETON | 13b. MOTHER'S MAIDEN NAME MAE REEDIE JONES | 14. NAME OF HUSBAND OR WIFE LEE SMITH |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO | 16. SOCIAL SECURITY NO. NONE | 17. INFORMANT'S SIGNATURE OR NAME J. Lee Smith | ADDRESS 1016 Leffenwell |
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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, ashenia, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION | | INTERVAL BETWEEN ONSET AND DEATH |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Gunshot wound of spine and back, suffered when shot in room of home at 1016 N. Leffenwell, Exact Time Unknown, May 10th 1956 | | |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. | | |
| | II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | |

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| 19a. DATE OF OPERATION _____ | 19b. MAJOR FINDINGS OF OPERATION Whether accidental or with suicidal intentions could not be determined | 20. AUTOPSY <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO |
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| 21a. ACCIDENT SUICIDE HOMICIDE Open Heart | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____ | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____ |
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| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21f. HOW DID INJURY OCCUR? AND E919.0 |
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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 **4:43** p.m., from the causes and on the date stated above.

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| 23a. SIGNATURE James M. Kelly | 23b. ADDRESS 1300 Clark | 23c. DATE SIGNED 5-14-56 |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL | 24b. DATE 5-17-56 | 24c. NAME OF CEMETERY OR CREMATORY WASHINGTON PARK CEMETARY | 24d. LOCATION (City, town, or county) (State) MO. |
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| DATE REC'D BY LOCAL REG. MAY 14 1956 | REGISTRAR'S SIGNATURE Charles Smith | 25. FUNERAL DIRECTOR'S SIGNATURE McCLAIN'S FUNERAL HOME | ADDRESS 5317 NORTHLAND AVE |
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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.....

Student Embalmer No.

working under my personal supervision.

Student

Student Embalmer

Signed

Leroy W. Gammister

Licensed Embalmer No.

4523

P. O. Address

3887 Eastm

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