

FILED NOV 19 1956

STANDARD CERTIFICATE OF DEATH

37050

State File No.

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

BIRTH NO. _____		REG. DIST. NO. <u>38</u>		PRIMARY REG. DIST. NO. <u>5120</u>		Registrar's No. <u>355</u>	
1. PLACE OF DEATH <u>Boona Creek</u> a. COUNTY <u>Boone</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO</u> b. COUNTY <u>Boone</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>rural Columbia</u>		c. LENGTH OF STAY (In this place) <u>1 year</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Columbia</u>		d. STREET ADDRESS (If rural, give location) <u>405 E. Ash St.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION: <u>RT 5</u>				3. NAME OF DECEASED a. (First) <u>Dorsey</u> b. (Middle) _____ c. (Last) <u>SMITH</u>			
5. SEX <u>Male</u>		6. COLOR OR RACE <u>NEGRO</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>never married</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 9 1956</u>	
8. DATE OF BIRTH <u>JULY 15 1933</u>		9. AGE (In years last birthday) <u>23</u>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>laborer unskilled</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>LABOR</u>	
11. BIRTHPLACE (State or foreign country) <u>CENTRALIA MO</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>EARNEST SMITH</u>		13b. MOTHER'S MAIDEN NAME <u>FRANCES BURNHAM</u>	
14. NAME OF HUSBAND OR WIFE		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>yes Korean War</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>FRANCES SMITH 405 E. ASH ST</u>	
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) <u>Gunshot into head, self-inflicted.</u> INTERVAL BETWEEN ONSET AND DEATH <u>Seconds</u> ANTECEDENT CAUSES Morbidity 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.			
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)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Columbia Boone MO</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
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 _____, 19____, from the causes and on the date stated above.							
23a. SIGNATURE <u>Travis Neal</u>		23b. ADDRESS (Degree or title) <u>Columbia MO</u>		23c. DATE SIGNED <u>11/12/56</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>11-13-56</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Centralia Cemetery</u>			
24d. LOCATION (City, town, or county) (State) <u>Centralia MO</u>		24e. DATE REC'D BY LOCAL REG. <u>Nov 13 1956</u>		24f. REGISTRAR'S SIGNATURE <u>Mrs R.E. Palmer</u>			
24g. FUNERAL DIRECTOR'S SIGNATURE <u>Victor Brown</u>		24h. ADDRESS <u>Columbia MO</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Columbia MO</u>			

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 *John L. Fanning* _____

Licensed Embalmer No. *41132*

P. O. Address *Columbia, Va.*

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.