

No. 300  
10.48

FILED NOV 19 1956

THE DIVISION OF DEATHS  
STANDARD CERTIFICATE OF DEATH

State File No. 38844

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 233 PRIMARY REG. DIST. NO. 4348 Registrar's No. 28

1. PLACE OF DEATH  
a. COUNTY Montgomery

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)  
a. STATE Missouri b. COUNTY Montgomery

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Wellsville

c. CITY OR TOWN Montgomery City

d. Is Residence within limits of a city or incorporated town? Yes  No

d. FULL NAME OF HOSPITAL OR INSTITUTION West Hudson Street

f. STREET ADDRESS (If rural, give location) 2 1/2 miles S. W. Montgomery City

3. NAME OF DECEASED  
a. (First) JAMES b. (Middle) JOSEPH c. (Last) SMITH

4. DATE OF DEATH (Month) (Day) (Year) Nov. 11 1956

5. SEX Male

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single

8. DATE OF BIRTH July 12 1936

9. AGE (In years last birthday) 20 IF UNDER 1 YEAR Months 3 Days 30 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Service Man

10b. KIND OF BUSINESS OR INDUSTRY U. S. Army

11. BIRTHPLACE (City and State or Foreign Country) Callaway County Mo

12. COUNTRY OF WHAT CITIZEN? U. S. A.

13a. FATHER'S NAME Artie Smith

13b. MOTHER'S MAIDEN NAME Catherine Penn

14. NAME OF HUSBAND OR WIFE none

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) yes

16. SOCIAL SECURITY NO. 488-38-0427

17. INFORMANT'S SIGNATURE OF NAME AND ADDRESS Artie Smith Montgomery City Mo

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) MEDICAL CERTIFICATION

\*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) ANTECEDENT CAUSES

DUE TO (b) Auto accident

DUE TO (c) Cerebral hemorrhage due to fractured skull. also chest injuries

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES  NO

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)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK

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 \_\_\_\_\_ m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) L. E. Robertson Coroner

23b. ADDRESS Montgomery City Mo.

23c. DATE SIGNED 11-19-56

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE 11/12/56

24c. NAME OF CEMETERY OR CREMATORY Wellsville Cemetery

24d. LOCATION (City, town, or county) (State) Wellsville Mont. Mo

DATE REC'D BY LOCAL REG. 11-12-56

REGISTRAR'S SIGNATURE Gertrude Romans

25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS B. B. Hills Wellsville Mo

(Licensed Embalmer's Statement on Reverse Side)

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

NOV 20 1955

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 ABHills

Licensed Embalmer No. 110

P. O. Address Killedale

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.