

FILED SEP 3 1957

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

28053

STATE FILE NUMBER

Registration District No. 128

Primary Registration District No. 2000

Registrar's No. 833

|   |  |  |   |   |  |   |                                  |
|---|--|--|---|---|--|---|----------------------------------|
| 1. PLACE OF DEATH   |  |  |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)   |  |   |                                  |
| a. COUNTY <u>Greene</u>   |  | b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR<br>TOWN <u>Springfield</u>                 |   | a. STATE <u>Mo</u>  |  | b. COUNTY <u>Greene</u>   |                                  |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR<br>INSTITUTION <u>Handley</u>  |  | Length of stay in lb<br><u>80 yrs.</u>   |   | c. CITY<br>OR<br>TOWN <u>Springfield</u>  |  | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  |                                  |
|   |  |  |   | d. STREET<br>ADDRESS <u>I432 N Prospect</u>   |  | Reside on farm<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |                                  |
| 3. NAME OF DECEASED (Type or print)   |  |  |   | 4. DATE OF DEATH  |  |   |                                  |
| First <u>LEWIS</u> Middle <u>SMALL</u> Last <u>SMALL</u>  |  |  |   | Month <u>8</u> Day <u>21</u> Year <u>57</u>   |  |   |                                  |
| 5. SEX <u>Male</u>  |  | 6. COLOR OR RACE <u>Negro</u>  |   | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/><br>WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/> |  | 8. DATE OF BIRTH <u>Sept 6 1872</u>   |                                  |
|   |  |  |   | 9. AGE (In years last birthday) <u>84</u>   |  | 10. IF UNDER 1 YEAR<br>Months <u>0</u> Days <u>0</u> Hours <u>0</u> Min. <u>0</u>     |                                  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><u>Retired</u>   |  |  |   | 10b. KIND OF BUSINESS OR INDUSTRY<br><u>Rail Way</u>  |  | 11. BIRTHPLACE (City and state or country)<br><u>GREENE CO Mo</u>                     |                                  |
| 12. CITIZEN OF WHAT COUNTRY?<br><u>U.S.</u>   |  |  |   |   |  |   |                                  |
| 13. FATHER'S NAME<br><u>JOE SMALL</u>   |  |  |   | 14. MOTHER'S MAIDEN NAME<br><u>UNKNOWN</u>  |  |   |                                  |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><u>No</u>  |  | 16. SOCIAL SECURITY NO.<br><u>UNKNOWN</u>  |   | 17. INFORMANT Address<br><u>JESSIE WILLIAMS 607 WASHINGTON</u>  |  |   |                                  |
| 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <u>Cardio-renal Disease</u><br>DUE TO (b) <u>Fractured Hip, auto accident</u><br>DUE TO (c) <u>Aug 13, 1957</u><br>PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) |  |  |   |   |  |   | INTERVAL BETWEEN ONSET AND DEATH |
| 19. WAS AUTOPSY PERFORMED?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>   |  |  |   |   |  |   |                                  |
| 20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>  |  |  | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)<br><u>2 car accident</u> |   |  |   |                                  |
| 20c. TIME OF INJURY<br><u>4:59 p.m. Aug 13-57</u>   |  |  |   |   |  |   |                                  |
| 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>   |  | 20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)<br><u>Street</u> |   | 20f. CITY, TOWN, OR LOCATION<br><u>Springfield Greene Mo.</u>   |  |   | STATE<br><u>Mo</u>               |
| 21. I attended the deceased from <u>Aug 13, 1957</u> , to <u>Aug 21, 1957</u> and last saw <u>him</u> alive on <u>Aug 21, 1957</u><br>Death occurred at <u>12:15 a.m.</u> on the date stated above; and to the best of my knowledge, from the causes stated.  |  |  |   |   |  |   |                                  |
| 22a. SIGNATURE (Degree or title)<br><u>Lepman D. Brown M.D.</u>   |  |  |   | 22b. ADDRESS<br><u>311 1/2 College</u>  |  | 22c. DATE SIGNED<br><u>8/23/57</u>  |                                  |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><u>Burial</u>  |  | 23b. DATE<br><u>8-26-57</u>  | 23c. NAME OF CEMETERY OR CREMATORY<br><u>Hazlewood</u>  |   | 23d. LOCATION (City, town, or county) (State)<br><u>Springfield Mo</u> |   |                                  |
| 24. FUNERAL DIRECTOR ADDRESS<br><u>H. Y. Smith 602 N. Jefferson</u>   |  |  | 25. DATE RECD. BY LOCAL REG.<br><u>8-27-57</u>  |   | 26. REGISTRAR'S SIGNATURE<br><u>Jessie Williams</u>                    |   |                                  |

(Licensed Embalmer's Statement on Reverse Side)

diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

000  
-56

MAY 9 1958

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 *Herbert V. Smith* .....

Licensed Embalmer No. *42*

P. O. Address *Spring*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.  
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.