

Health,
Welfare
Public
Service

FILED SEP 9 1957

STANDARD CERTIFICATE OF DEATH

28134
STATE FILE NUMBER

Registration District No. 137 Primary Registration District No. 3023 Registrar's No. 586

1. PLACE OF DEATH a. COUNTY <u>Henry</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before a. STATE <u>Missouri</u> b. COUNTY. <u>Clair</u> c. CITY OR TOWN <u>Osceola</u> d. STREET ADDRESS <u>Osceola Township</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Clinton</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Wetzel Hospital</u>		Length of stay in lb <u>1 day</u>	
3. NAME OF DECEASED (Type or print) <u>Walter William Smith</u>		4. DATE OF DEATH <u>Sept; 4, 1957</u>	

5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>May 4, 1890</u>	9. AGE (In years last birthday) <u>67</u>	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>	11. BIRTHPLACE (City and state or country) <u>Sedalia Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>John F. Smith</u>	13b. MOTHER'S MAIDEN NAME <u>Unknown</u>	14. NAME OF HUSBAND OR WIFE <u>Edith Smith</u>
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>	16. SOCIAL SECURITY NO. <u>495-40-3053</u>	17. INFORMANT <u>Edith Smith</u> Address <u>Osceola Missouri</u>
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Traumatic Shock</u>		INTERVAL BETWEEN ONSET AND DEATH <u>14 Hours</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <u>Multiple fractured ribs & undetermined internal chest injuries.</u>	
	DUE TO (c) <u>Automobile Accident.</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Other multiple lacerations and possible skull fracture</u>		19. WAS AUTOPSY PERFORMED? 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.) <u>Automobile accident.</u>
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20c. TIME OF INJURY <u>12:30?</u> Hour <u>XX</u> Month, Day, Year <u>9/3/57</u> p.m.	20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Hiway 13 near Lowry City, Mo.</u>	20e. CITY, TOWN, OR LOCATION <u>St. Clair County, Missouri</u>
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21. I attended the deceased from <u>9/3/57</u> to <u>9/4/57</u> and last saw <u>her</u> alive on <u>9/4/57</u> Death occurred at <u>2:25 am</u> m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) <u>Wm C Sunderwirth, D.O.</u>	22b. ADDRESS <u>Clinton Mo.</u>	22c. DATE SIGNED <u>9-4-57</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>9/7/57</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Osceola</u>	23d. LOCATION (City, town, or county) (State) <u>Osceola Missouri</u>
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24. FUNERAL DIRECTOR <u>Goodrich J. H. ME-OSCEOLA Mo</u>	25. DATE RECD. BY LOCAL REG. <u>9-7-57</u>	26. REGISTRAR'S SIGNATURE <u>Indred Bigum</u>
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(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

1957 OCT 29 120

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 *J. B. [Signature]*

Licensed Embalmer No. 3038

P. O. Address [Signature]

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.