

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

33116
STATE FILE NUMBER
Registration District No. 314 Primary Registration District No. 4409 Registrar's No. 48

FILED OCT 2 1957

300
-57

1. PLACE OF DEATH a. COUNTY <u>St; Clair</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Clair</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Lowry City</u>		c. CITY OR TOWN <u>Osceola</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		d. STREET ADDRESS <u>Polk Township</u>	
3. NAME OF DECEASED (Type or print) <u>Adam H. Smith</u>		4. DATE OF DEATH Month <u>Sept</u> ; Day <u>3</u> , Year <u>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>Aug; 14, 1890</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Laborer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farm Work</u>	9. AGE (In years as of birthday) <u>67</u>
11. BIRTHPLACE (City and state or country) <u>Benton County Mo;</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>George Smith</u>		13b. MOTHER'S MAIDEN NAME <u>Lizzie Hoover</u>	
14. NAME OF HUSBAND OR WIFE <u>Gladys Smith</u>		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>Yes</u> <u>WWI</u>	
16. SOCIAL SECURITY NO. <u>500-05-0384</u>		17. INFORMANT <u>Gladys Smith, Osceola Missouri</u>	
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>Head Concussion</u>			INTERVAL BETWEEN ONSET AND DEATH <u>Instant</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Automobile Accident</u>			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
DUE TO (c) <u>8164</u>			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>26</u>			
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>Collision of two cars, Thrown from car.</u>	
20c. TIME OF INJURY Hour <u>12:30</u> Month <u>9</u> , Day <u>3</u> , Year <u>57</u> a.m. p.m.		20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Hwy # 13 and # A</u>	
20e. CITY, TOWN, OR LOCATION <u>Lowry City St; Clair Missouri</u>		20f. COUNTY <u>D93</u> STATE	
21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at <u>12:00 P</u> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>James B. ...</u>		22b. ADDRESS <u>Osceola Mo</u>	
22c. DATE SIGNED <u>9-4-57</u>		23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
23b. DATE <u>9-5-57</u>		23c. NAME OF CEMETERY OR CREMATORY <u>ICONIUM</u>	
23d. LOCATION (City, town, or county) ... <u>ICONIUM MO</u>		23e. (State)	
24. FUNERAL DIRECTOR <u>Goodrich 2 HOME-OSCEOLA MO</u>		25. DATE RECD. BY LOCAL REG. <u>9-10-57</u>	
26. REGISTRAR'S SIGNATURE <u>Heath Sawyer</u>			

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

OCT 2 1957

OCT 5

OCT 7

OCT 9 0 6 130

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. Galsick* _____

Licensed Embalmer No. *3038* _____

P. O. Address *Osceola* _____

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.