

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED NOV 12 1957

State File No. **38912**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **352** PRIMARY REG. DIST. NO. **6194** Registrar's No. **89**

1. PLACE OF DEATH a. COUNTY <b>Taney</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Greene</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Miner</b>		c. LENGTH OF STAY (in this place) <b>1 Day</b>	c. CITY OR TOWN <b>Springfield</b>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Silver Creek Ranch</b>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
e. STREET ADDRESS <b>801 Prospect</b>		(If rural, give location)	

3. NAME OF DECEASED (Type or Print)	a. (First) <b>HAROLD</b>	b. (Middle) <b>GENE</b>	c. (Last) <b>SMITH</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>11-5-57</b>
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5. SEX <b>m</b>	6. COLOR OR RACE <b>w</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>never married</b>	8. DATE OF BIRTH <b>Jan. 10, 1938</b>	9. AGE (In years last birthday) <b>19</b>	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	IF UNDER 24 HRS. Hours	IF UNDER 24 HRS. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Student</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Student</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>St. Louis, Mo.</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
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13a. FATHER'S NAME <b>Douglas Smith</b>	13b. MOTHER'S MAIDEN NAME <b>Nettie Jarvis</b>	14. NAME OF HUSBAND OR WIFE <b>none</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b>	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mr. &amp; Mrs. Douglas Smith Spfg., Mo.</b>
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Gunshot wound in chest.</b>			<b>instant</b>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>chest.</b> DUE TO (c) <b>Hunting accident</b>			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			<b>2</b>	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	<b>9198</b>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>Accident</b>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>Miner, Mo.</b>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>Miner Taney MO</b>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>Nov. 5, 1957 8:55 AM</b>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <b>shot by broken while deer hunting</b>
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22. I hereby certify that I attended the deceased from **11-5-57** 19, to **11-5-57**, 19, that I last saw the deceased alive on **11-5-57** 19, and that death occurred at **8:55 AM.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>Walter S. Cobb Coroner 3</b>	23b. ADDRESS <b>Jarvish Mo</b>	23c. DATE SIGNED <b>11/5/57</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>11-9-57</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Crocker Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Goodwater, Mo.</b>
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DATE REC'D BY LOCAL REG. <b>11/9/57</b>	REGISTRAR'S SIGNATURE <b>Heleen Campbell</b>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Shirley Fernald Home Springfield MO</b>
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(Licensed Embalmer's Statement on Reverse Side)

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

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NOV 15 1957

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 *Walter S. Gann* .....

Licensed Embalmer No. *4731*

P. O. Address *Long Beach, Ca* .....

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.