

pt. Health,
c., & Welfare
S. Public
alth Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

44800
STATE FILE NUMBER

FILED JAN 15 1958

Registration District No. 156 Primary Registration District No. 2001 Registrar's No. 650

V. S. 300
Rev. 1-57

1. PLACE OF DEATH a. COUNTY JASPER		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY JASPER	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN JOPLIN		c. CITY OR TOWN JOPLIN	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION FREEMAN HOSPITAL		d. STREET ADDRESS (If outside, give location) 802 CONNECTICUT AVE	
3. NAME OF DECEASED (Type or print) First RAYMOND Middle LEE Last SMITH		4. DATE OF DEATH Month DEC. Day 29 Year 1957	
5. SEX M	6. COLOR OR RACE W	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH DEC. 20, 1923
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) MECHANIC		10b. KIND OF BUSINESS OR INDUSTRY BURTRUM BROS. MTR CO.	11. BIRTHPLACE (City and state or country) JOPLIN, MO.
13a. FATHER'S NAME ROSCOE SMITH		13b. MOTHER'S MAIDEN NAME IOLA CLARK	14. NAME OF HUSBAND OR WIFE JOAN ELIZABETH SMITH, DEC'D 1936
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, (yes-unknown)) (If yes, give war or dates of service) Yes		16. SOCIAL SECURITY NO. UNK	17. INFORMANT Address MRS. IOLA WILSON, 1408 E. SOUTH ST.
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral Hemorrhage Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Accident. DUE TO (c) Fractures, Shock, Soft tissue damage to lungs.			INTERVAL BETWEEN ONSET AND DEATH 10 hrs.
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.) Motorcycle Accident.	
20c. TIME OF INJURY Hour 11:00 a.m. p.m. Month, Day, Year 12-29-57		20d. INJURY OCCURRED WHILE AT <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.) Street		20f. CITY, TOWN, OR LOCATION 122 JOPLIN JASPER MISSOURI	
21. I attended the deceased from 5-8-1954 to 12-29-57 and last saw him alive on 12-29-57 Death occurred at 9:50 P.M. 12-29-57 m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>Alice H. Wilson</i> Alice H. Wilson, M.D.		22b. ADDRESS 1923 Sergeant, Joplin, Mo	
22c. DATE SIGNED 12-31		22d. LOCATION (City, town, or county) (State) JOPLIN, MISSOURI	
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE 1-2-58	23c. NAME OF CEMETERY OR CREMATORY OSBORNE MEMORIAL,
24. FUNERAL DIRECTOR STEVE PARKER MORTUARY, JOPLIN, MO.		25. DATE RECD. BY LOCAL REG. 1-6-1958	26. REGISTRAR'S SIGNATURE <i>Dove Merriam</i>

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

FEE 27 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 *F. M. Jones*

Licensed Embalmer No. *2318*

P. O. Address *Joplin, Mo.*

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.