

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-022803

STATE-FILE NUMBER

FILED JUL 7 1958

Registration District No. 274

Primary Registration District No. 3052

Registrar's No. 286

S. 300
1-57

| | | | | | | | |
|---|----------------------------------|---|--|---|--|---|---|
| 1. PLACE OF DEATH a. COUNTY Pettis | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Pettis | | | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Sedalia | | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | | c. CITY OR TOWN Sedalia | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 900 Sue Lane | | | Length of stay in lb 6 weeks | | d. STREET ADDRESS (If outside, give location) 900 Sue Lane | | Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| 3. NAME OF DECEASED (Type or print) First Middle Last LUTHER THOMAS SMITH | | | | 4. DATE OF DEATH Month Day Year July 5, 1958 | | | |
| 5. SEX Male | 6. COLOR OR RACE White | 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> / DIVORCED <input type="checkbox"/> | | 8. DATE OF BIRTH April 2, 1912 | | 9. AGE (In years last birthday) 46 | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Clerk Mo-Pac. R.R. | | 10b. KIND OF BUSINESS OR INDUSTRY Railroads | | 11. BIRTHPLACE (City and state or country) Johnson County, Missouri | | 12. CITIZEN OF WHAT COUNTRY? U.S.A. | |
| 13a. FATHER'S NAME George Thomas Smith | | | 13b. MOTHER'S MAIDEN NAME Maud Gann Smith | | | 14. NAME OF HUSBAND OR WIFE Belle Talley Smith | |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No | | | 16. SOCIAL SECURITY NO. 500-10-7637 | | 17. INFORMANT Address Mrs. Belle Smith, 900 Sue Lane, Sedalia, Mo. | | |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Accidental death by electricity | | | | | | | INTERVAL BETWEEN ONSET AND DEATH |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. | | | DUE TO (b) | | DUE TO (c) | | 9140 22 |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) | | | | | | | 19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input 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.) Was using pump under house and was found dead | | | | |
| 20c. TIME OF INJURY Hour a.m. Month, Day, Year 9:30 - 7-5-58 | | | 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.) 902 Sue Lane - Home | | 20f. CITY, TOWN, OR LOCATION Sedalia COUNTY Pettis STATE Mo. |
| 21. I attended the UNWAGED Home Death occurred at 9:30 AM on the date stated above; and to the best of my knowledge, from the causes stated. | | | | | | | |
| 22a. SIGNATURE (Degree or title) Chas Jordan | | | | 22b. ADDRESS Cornery, Pettis Co. | | 22c. DATE SIGNED 7-5-58 | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 23b. DATE 7/8/58 | 23c. NAME OF CEMETERY OR CREMATORY Sunset Hill Cemetery | | | 23d. LOCATION (City, town, or county) (State) Warrensburg, Missouri | |
| 24. FUNERAL DIRECTOR Walter Goring | | | 25. DATE REC'D. BY LOCAL REG. July 6-1958 | | 26. REGISTRAR'S SIGNATURE Frances Shelby | | |

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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.

JUL 9 1958

VS APR 15 1959

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 *P. E. Baker*

Licensed Embalmer No. *2419*
P. O. Address *Sedalia*

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.