

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-025792

STATE FILE NUMBER

3426

FILED JUL 30 1958

Registration District No. 149

Primary Registration District No. 1002

Registrar's No.

S. 300  
1-57

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY JACKSON	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KANSAS CITY		c. CITY OR TOWN KANSAS CITY	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 2421 Paseo		d. STREET ADDRESS (If outside, give location) 2517 Park	
Length of stay in lb 9yrs		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last EARL Rufus SMITH			4. DATE OF DEATH Month Day Year 7 12 58
5. SEX male	6. COLOR OR RACE Negro	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH July 7, 1930
9. AGE (In years) 28		IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of year, if retired) construction		10b. KIND OF BUSINESS OR INDUSTRY Local 663	11. BIRTHPLACE (City and state or country) Creston, La.
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME John Smith	
13b. MOTHER'S MAIDEN NAME Henrietta Ray		14. NAME OF HUSBAND OR WIFE Rosie Lee 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. 434-42-3850	17. INFORMANT Address Rosie Lee Smith 2517 Park
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Shock DUE TO (b) Internal Abdominal Hemorrhage DUE TO (c) Gunshot Wound of Abdomen Penetrating Left Common Iliac Artery 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"/>			INTERVAL BETWEEN ONSET AND DEATH
20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) Gunshot wound	
20c. TIME OF INJURY Hour Month, Day, Year 4:10 p.m. 7/12/1958		20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 2421 Paseo	
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20f. CITY, TOWN OR LOCATION COUNTY STATE Kansas City Jackson, MO.	
21. I attended the deceased from _____ to _____ and last saw him/her alive on _____ Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Deputy Coroner L. M. Tillman M.D.		22b. ADDRESS 16 18 Lydia Ave	
22c. DATE SIGNED 7/13/58			
23a. BURIAL, CREMATION, REMOVAL (Specify) removal		23b. DATE 7-16-58	
23c. NAME OF CEMETERY OR CREMATORY Shreveport, La.		23d. LOCATION (City, town, or county) Shreveport, La. (State)	
24. FUNERAL DIRECTOR ADDRESS Watkins Bros. Fun. Home 18th Benton		25. DATE RECD. BY LOCAL REG. 7-14-58	
26. REGISTRAR'S SIGNATURE Elva Marshall			

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

L. M. Tillman

All diseases in Part I must be causally related. No symptoms will be listed.

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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 *Bruce R. Watkins* .....

Licensed Embalmer No. *4535* .....

P. O. Address *St. Petersburg* .....

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.