Health, & Welfare Public Service

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THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-032165
STATE FILE NUMBER

FILED SEP 30 1958 Registration District No. 82 Primary Registration District No. 3017 Registrar's No. 117

1. PLACE OF DEATH
a. COUNTY COOPER
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only) BOONVILLE — Inside Limits Yes ☑ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) St JOSEPH HOSPITAL — Length of stay in 1b 10 MIN

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE MO b. COUNTY COOPER
c. CITY OR TOWN BOONVILLE 0272 — Inside Limits Yes ☑ No ☐
d. STREET ADDRESS (If outside, give location) 709 WATER. ST — Reside on Farm Yes ☐ No ☑

3. NAME OF DECEASED (Type or print) First EDGAR Middle ELMER Last SMITH
4. DATE OF DEATH Month SEPT. Day 21 Year 58

5. SEX MALE 2
6. COLOR OR RACE NEGRO
7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH OCT 16-1921
9. AGE (In years last birthday) 36 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) LABORER
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and state or country) BUNCETON MO
12. CITIZEN OF WHAT COUNTRY? U.S.A

13a. FATHER'S NAME EDGAR - SMITH
13b. MOTHER'S MAIDEN NAME KATHRYN - GREY
14. NAME OF HUSBAND OR WIFE AUDRY SMITH

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) NO (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. ?
17. INFORMANT AUDRY. SMITH Address 709 WATER BOONVILLE MO

MEDICAL CERTIFICATION

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 & hemmorrhage Chest.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Stab wound left Chest
DUE TO (c) 982X
INTERVAL BETWEEN ONSET AND DEATH 30 min

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 ☑ NO ☐

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☑
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) Stabbed during altercation
20c. TIME OF INJURY 7.30 Hour a.m. Month, Day, Year 9 21 58
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☑
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home
20f. CITY, TOWN, OR LOCATION Boonville COUNTY Cooper STATE Mo

21. I attended the deceased from no attendance to _____ and last saw her/him alive on Dead when seen
Death occurred at 3:00 a.m. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) M L Dickraeger Mr Coroner 3
22b. ADDRESS Boonville Mo
22c. DATE SIGNED 9/24/58

23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL
23b. DATE SEPT-25-58
23c. NAME OF CEMETERY OR CREMATORY CITY
23d. LOCATION (City, town, or county) BOONVILLE (State) MO

24. FUNERAL DIRECTOR H. MAY ADDRESS 814 S. PORTER BOONVILLE MO
25. DATE RECD. BY LOCAL REG. 9/24/58
26. REGISTRAR'S SIGNATURE D E Hooper

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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.

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OCT 1 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 George H. Green

Licensed Embalmer No. 4220

P. O. Address Marshalltown

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.