

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-032224  
STATE FILE NUMBER

FILED SEP 24 1958 Registration District No. 100 Primary Registration District No. 5390 Registrar's No. 81

300  
1-57

1. PLACE OF DEATH a. COUNTY <b>Dent</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Dent</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Franklin typ</b>		c. CITY OR TOWN <b>Salem</b>	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Salem Cedar Grove</b>		d. STREET ADDRESS (If outside, give location) <b>Cedar Grove rt Salem Mo</b>	
3. NAME OF DECEASED (Type or print) <b>Otto David Smith</b>		4. DATE OF DEATH <b>Sept. 20 1958</b>	
5. SEX <b>male</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>Mar 31 1889</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>farmer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>general</b>	11. BIRTHPLACE (City and state or country) <b>Dent Co Mo</b>
13a. FATHER'S NAME <b>John Smith</b>		13b. MOTHER'S MAIDEN NAME <b>Julia Morton Smith</b>	14. NAME OF HUSBAND OR WIFE <b>Lula Smith</b>
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>492 36 7846</b>	17. INFORMANT <b>Mrs Lula Smith Salem Mo</b>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Suicide by 22 Caliber Rifle - Self Inflicted (Jury Verdict)</b>			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) _____			<b>976X</b>
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 type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____			
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION	COUNTY STATE
21. I, attended the deceased from _____, to _____ and last saw her alive on _____ Death occurred at <b>11:30 AM</b> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <b>Wayne B. Powell, D.C. Coroner</b>		22b. ADDRESS <b>Salem Mo.</b>	22c. DATE SIGNED <b>Sept 20 1958</b>
23a. BURIAL (REMOVAL, Specify) <b>burial</b>	23b. DATE <b>9-23-58</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Empire Cem</b>	23d. LOCATION (City, town, or county) <b>Gladden Mo</b>
24. FUNERAL DIRECTOR <b>Spencer Funeral Home</b>		25. DATE RECD. BY LOCAL REG. <b>9/22/58</b>	26. REGISTRAR'S SIGNATURE <b>M. H. Harsh, M.D. by P.M.</b>

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

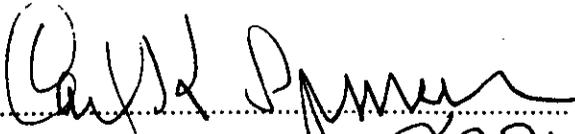
MEDICAL CERTIFICATION

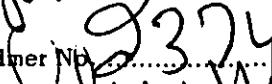
All diseases in Part I must be causally related.

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  .....

Licensed Embalmer No.  .....

P. O. Address  .....

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.