THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-004673
STATE FILE NUMBER

FILED FEB 25 1959 Registration District No. 301 Primary Registration District No. 6041 Registrar's No. 13

1. PLACE OF DEATH
a. COUNTY Butler
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only) D. O. A. at — Inside Limits Yes ☐ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Drs. Hospital — Length of stay in 1b transit

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Ripley
c. CITY OR TOWN Naylor c 910 c — Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) Jackson St. — Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print) First LOYD Middle WILLIAM Last SMITH
4. DATE OF DEATH Month Feb. Day 8, Year 1959
5. SEX Male o
6. COLOR OR RACE white
7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH Feb. 1, 1912
9. AGE (In years last birthday) 47 — 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) Trucker
10b. KIND OF BUSINESS OR INDUSTRY Hauling
11. BIRTHPLACE (City and state or country) Naylor, Missouri o
12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME Ernest Smith
13b. MOTHER'S MAIDEN NAME Ruhama McCarty
14. NAME OF HUSBAND OR WIFE Sylvia Scott
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. none
17. INFORMANT Mrs. Sylvia Smith Address Naylor, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) — INTERVAL BETWEEN ONSET AND DEATH

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) BULLET FROM A 32 CALIBER REVOLVER ENTERED THE LEFT THORACIC CAVITY, — 35 MIN.

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b) APPROX 2½" TO THE LEFT OF THE MEDIAN LINE AND NEAR THE LEFT

DUE TO (c) NIPPLE.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 984X

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.) GUN FIRED BY J. N. LEROUX, NAYLOR MARSHALL, AS SMITH ADVANCED TOWARD HIM WITH KNIFE
20c. TIME OF INJURY Hour 2:10 a.m. ~~p.m.~~ Month, Day, Year FEB 8, 1959
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.) INTERSECTION OF LYONS
20f. CITY, TOWN, OR LOCATION NAYLOR, COUNTY RIPLEY, STATE MISSOURI

21. I attended the deceased from ST. WITH S. FRONT, NAYLOR, Mo., to ——— and last saw her/him alive on ——— ——— ———
Death occurred at 2:45 A. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Ray Means, Coroner. 3
22b. ADDRESS Doniphan, Missouri
22c. DATE SIGNED 2/14/59.

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE Feb. 12, 1959
23c. NAME OF CEMETERY OR CREMATORY Naylor Cemetery
23d. LOCATION (City, town, or county) Naylor, Missouri (State)

24. FUNERAL DIRECTOR Edwards-Parrent ADDRESS Naylor, Mo.
25. DATE RECD. BY LOCAL REG. 2-21-1959
26. REGISTRAR'S SIGNATURE Flora Bros

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

FEB 26 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 Gene H Warren

Licensed Embalmer No. 4809

P. O. Address Naylor,

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.