

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-008365
STATE FILE NUMBER

FILED APR 2 1959 Registration District No. 27 Primary Registration District No. 3005 Registrar's No. 39

S. 300
1-57

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.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

1. PLACE OF DEATH a. COUNTY <u>Dates County</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Archic</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Butler</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <u>Archic</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Butler Memorial</u> Length of stay in lb <u>1 day</u>		d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <u>Ormand</u> Middle <u>Young</u> Last <u>SMITH</u>		4. DATE OF DEATH Month <u>March</u> Day <u>27</u> Year <u>1959</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>January 17 1901</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Hardware Dealer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Restaurant operator</u>	9. AGE (In years last birthday) <u>58</u> IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
11. BIRTHPLACE (City and state or country) <u>Dayton Cass County, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>William H. Smith</u>		13b. MOTHER'S MAIDEN NAME <u>Ann Martin Foley</u>	
14. NAME OF HUSBAND OR WIFE <u>Hazel Hodges Smith</u>		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	
16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT <u>Mrs. Hazel Smith</u> Address <u>Archic, Missouri</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Sun shot wound to brain</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Hemorrhage + hematoma formation</u> DUE TO (c) <u>in brain</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Depressed Mentally</u>			INTERVAL BETWEEN ONSET AND DEATH <u>3 hours</u> 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input checked="" type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <u>Sun shot wound through forehead.</u>	
20c. TIME OF INJURY Hour <u>10</u> a.m. Month <u>3</u> Day <u>27</u> Year <u>59</u>		20d. INJURY OCCURRED WHILE AT WORK <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.) <u>Home</u>		20f. CITY, TOWN, OR LOCATION COUNTY STATE <u>Archic Cass MO</u>	
21. I attended the deceased from <u>July 1 1956</u> to <u>3-27-59</u> and last saw <u>him</u> alive on <u>3-27-59</u> Death occurred at <u>Butler Memorial Hosp.</u> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>R. L. Hanson M.D.</u>		22b. ADDRESS <u>Butler, Mo</u>	
22c. DATE SIGNED <u>3-27-59</u>		23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
23b. DATE <u>March 30 1959</u>		23c. NAME OF CEMETERY OR CREMATORY <u>St. Moriah</u>	
23d. LOCATION (City, town, or county) (State) <u>Kansas City, Missouri.</u>		24. FUNERAL DIRECTOR ADDRESS <u>William Dickey Archic, Mo</u>	
25. DATE RECD. BY LOCAL REG. <u>March 29 59</u>		26. REGISTRAR'S SIGNATURE <u>Rendall Hursey</u>	

APR 10 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 *Robert W. Atkinson*

Licensed Embalmer No. *4902*
P. O. Address *Forestville, Mo.*

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.