

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-018169

STATE FILE NUMBER

Registration District No. 157 Primary Registration District No. 3028 Registrar's No. 117

1. PLACE OF DEATH a. COUNTY Jasper		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jasper	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Carthage		c. CITY OR TOWN Carthage Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 811 Oak		d. STREET ADDRESS 811 Oak (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
Length of stay in lb 50 yrs		04930	

3. NAME OF DECEASED (Type or print) First EUGENE Middle ELSTON Last SMITH			4. DATE OF DEATH June 11, 1959 Month June Day 11 Year 1959		
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5. SEX male	6. COLOR OR RACE white	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH July 8, 1896	9. AGE (In years last birthday) 62	IF UNDER 1 YEAR Months 0 Days 0 Hours 0 Min. 0	IF UNDER 24 HRS. Hours 0 Min. 0
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired farmer	10b. KIND OF BUSINESS OR INDUSTRY Farming	11. BIRTHPLACE (City and state or country) Preston, Missouri	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Uriah Smith	13b. MOTHER'S MAIDEN NAME Effie Ballard	14. NAME OF HUSBAND OR WIFE None
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) World War I	16. SOCIAL SECURITY NO. none	17. INFORMANT Mrs. Mabel Smith, Rt. 2, Carthage, Mo. Address
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) lacerated brain injury		INTERVAL BETWEEN ONSET AND DEATH instant
DUE TO (b) self inflicted pistol wound		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (c) _____		
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 <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.) shot self in right temple with .38 pistol 32 cal.
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20c. TIME OF INJURY 6:35 a.m. Hour 6 Month 11 Day 59 Year	
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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.) garage	20f. CITY, TOWN, OR LOCATION Carthage COUNTY Jasper STATE Mo.
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21. I attended the deceased from **did not attend** and last saw her/him alive on _____
Death occurred at **6:35 am** on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) George Hickman Sheriff acting 3	22b. ADDRESS Courthouse, Carthage, Mo	22c. DATE SIGNED 6-11-59
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 6-13-59	23c. NAME OF CEMETERY OR CREMATORY Paradise Cemetery	23d. LOCATION (City, town, or county) (State) Jasper County, Missouri
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24. FUNERAL DIRECTOR KNELL MORTUARY , ADDRESS Carthage, Mo.	25. DATE RECD. BY LOCAL REG. 6-11-59	26. REGISTRAR'S SIGNATURE Ely Clenton
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All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

300
-57

FILED JUN 15 1959

JUN 16 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 H. Krell

Licensed Embalmer No. 4459

P. O. Address Carthage, 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.