

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-025790

X FILED VS AUG 4 1959

Registration District No. Primary Registration District No. 5638 Registrar's No. 28

STATE FILE NUMBER

DEED

1. PLACE OF DEATH a. COUNTY Lafayette				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Lafayette				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Snibar		Length of stay in 1b 4 years		c. CITY OR TOWN Bates City		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 5 Miles South Bates City			Inside Limits No <input checked="" type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 5 Miles South Bates City		Reside on Farm City No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Floyd Middle Lykens Last Smothers				4. DATE OF DEATH Month July Day 21 Year 1959				
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 2/10/01	9. AGE (last birthday) 58	IF UNDER 1 YEAR Months 1	IF UNDER 24 HR Hours 1 Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10b. KIND OF BUSINESS OR INDUSTRY Woodcraft Mfg.		11. BIRTHPLACE (City and state or country) Macon Illinois		12. CITIZEN OF WHAT COUNTRY U.S.A.		
13a. FATHER'S NAME Henry Smothers			13b. MOTHER'S MAIDEN NAME Grace Jennings		14. NAME OF HUSBAND OR WIFE Grace Smothers			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no.		16. SOCIAL SECURITY NO. 490-09-2978	17. INFORMANT Address Grace Smothers Bates City, Mo.					
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) F-V Cervical spine lesion Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) his Dodge panel truck was wrecked thrown from track and caught under truck DUE TO (c)							INTERVAL BETWEEN ONSET AND DEATH	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)					PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) Motor car wreck, lost control / truck					
20c. TIME OF INJURY Hour 6:42 a.m. Month, Day, Year 7-21-59	20d. INJURY OCCURRED WHILE AT WORK <input checked="" 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.) Highway 2 Bates city	20f. CITY, TOWN, OR LOCATION Bates city		COUNTY Lafayette	STATE Mo	
21. I attended the deceased from 7:20 to 6:25 AM and last saw him alive on several months ago Death occurred at 6:25 AM m on the date stated above, and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE Mc Martens (Degree or title) Coroner				22b. ADDRESS Odesa Mo		22c. DATE SIGNED 7-23-59		
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 7/23/59	23c. NAME OF CEMETERY OR CREMATORY Blue Springs		23d. LOCATION (City, town, or county) (State) Blue Springs Mo.				
24. FUNERAL DIRECTOR Husman Sparks ADDRESS Odesa Mo.			25. DATE RECD. BY LOCAL REG. 7/23/59	26. REGISTRAR'S SIGNATURE Ernest Davidson				

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1935 9 30

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed William T. Sp...

Licensed Embalmer No. 44

P. O. Address Odessa

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to conform 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.