

**JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH**

**59-037316**

**FILED VS NOV 6 1959 314**

STATE FILE NUMBER

Registration District No. 314 Primary Registration District No. 6069 Registrar's No. 579

INDEXED

1. PLACE OF DEATH a. COUNTY <u>St. Clair</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>St. Clair</u>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR <u>Rt: 4</u> <u>Dorado Springs</u> TOWN		Length of stay in 1b	c. CITY OR TOWN <u>El Dorado Springs</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>L.M.E. Tiffin Mo</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>Rt: 4</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <u>Barbara</u> Middle <u>Marie</u> Last <u>Smith</u>			4. DATE OF DEATH Month <u>Oct</u> ; Day <u>24</u> , Year <u>1959</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>11/18/41</u>	9. AGE (last birthday) <u>17</u>	IF UNDER 1 YEAR Months <u>  </u> Days <u>  </u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>File Clerk</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Mail Order House</u>		11. BIRTHPLACE (City and state or country) <u>Carroll County Mo;</u>	12. CITIZEN OF WHAT COUNTRY <u>USA</u>
13a. FATHER'S NAME <u>James L. Smith</u>		13b. MOTHER'S MAIDEN NAME <u>Ethel Ellis</u>		14. NAME OF HUSBAND OR WIFE	
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>491-44-0972</u>		17. INFORMANT <u>James L. Smith, El Dorado Springs Mo</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>Severe Head Injuries</u>					INTERVAL BETWEEN ONSET AND DEATH <u>Sudden</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Struck by an Automobile</u>					
DUE TO (c) <u>  </u>					
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 checked="" 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.) <u>Struck while changing Tire</u>			
20c. TIME OF INJURY Hour <u>9:30 P.m.</u> Month, Day, Year <u>10/24/59</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>Highway # 82</u>	20f. CITY, TOWN, OR LOCATION <u>1-nd-St-Tiffin, St. Clair, Missouri</u>		COUNTY	STATE
21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at <u>9:30 P.m.</u> on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) <u>Ruth Seewers registrar</u>			22b. ADDRESS <u>Osceola Missouri</u>		22c. DATE SIGNED <u>10/26/59</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>10/27/59</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Pleasant Springs</u>		23d. LOCATION (City, town, or county) (State) <u>El Dorado Springs Mo.</u>	
24. FUNERAL DIRECTOR <u>Goodnick &amp; Home, Osceola Mo</u>		25. DATE RECD. BY LOCAL REG. <u>10-27-59</u>		26. REGISTRAR'S SIGNATURE <u>Ruth Seewers</u>	

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

ISSUED BY ROBT

**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 J B Keasler

Licensed Embalmer No. 3038

P. O. Address Greenville N.C.

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.