

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

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FILED VS JAN 13 1960

STATE FILE NUMBER

Registration District No. 2 Primary Registration District No. 5014 Registrar's No. 2

1. PLACE OF DEATH a. COUNTY <u>Andrew</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Buchanan</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Jefferson</u>		c. CITY OR TOWN <u>St. Joseph</u>	
Length of stay in 1b <u>About 1 hr.</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>.3 mi. west Country Club Job</u>		d. STREET ADDRESS (If outside, give location) <u>2328 So. 7th Street</u>	
Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) <u>BENJAMIN FRANKLIN SMITH</u>			4. DATE OF DEATH <u>December 28, 1959</u>		
First Middle Last			Month Day Year		

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>3/1/1921</u>	9. AGE (last birthday) <u>38</u>	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Laborer</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Mitchell Hill Seed Co</u>	11. BIRTHPLACE (City and state or country) <u>Wayne County, Mo.</u>	12. CITIZEN OF WHAT COUNTRY <u>U.S.S.A.</u>
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13a. FATHER'S NAME <u>William Rollan Smith</u>	13b. MOTHER'S MAIDEN NAME <u>Ida May Wiley</u>	14. NAME OF HUSBAND OR WIFE <u>Juanita Pearl Smith (deceased)</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes W.W. # 2</u>	16. SOCIAL SECURITY NO. <u>495-16-4594</u>	17. INFORMANT <u>William Rollan Smith, Savannah, Mo.</u>	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:		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) <u>Cerebral anucleation</u>		<u>immediate</u>
DUE TO (b) <u>Blow to head, removing skull, scalp, and brains</u>		<u>&gt;&gt;</u>
DUE TO (c) <u>Inebriation while driving automobile</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 type="checkbox"/> No <input type="checkbox"/> Unknown
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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>Drove automobile into ditch at a high</u>
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20c. TIME OF INJURY <u>1:00 p.m.</u>	Hour Month Day Year <u>12/28/59</u>	<u>rate of speed while inebriated.</u>
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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.) <u>U.S. Highway #275</u>	20f. CITY, TOWN, OR LOCATION <u>Village of Country Club, Andrew, Mo.</u>	COUNTY <u>Andrew</u>	STATE <u>Mo.</u>
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21. I attended the deceased from \_\_\_\_\_ to \_\_\_\_\_ and last saw him alive on \_\_\_\_\_  
Death occurred at 1:00 P.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) <u>Dr. Maxwell, D.O., Coroner</u>	22b. ADDRESS <u>307 W. Main, Savannah, Mo.</u>	22c. DATE SIGNED <u>1/2/60</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	23b. DATE <u>Jan. 2, 1960</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Savannah Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>Savannah, Missouri</u>
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24. FUNERAL DIRECTOR <u>Stammy Funeral Home</u>	ADDRESS <u>St. Joseph, Mo.</u>	25. DATE RECD. BY LOCAL REG. <u>1-7-60</u>	26. REGISTRAR'S SIGNATURE <u>Lillian Sparks</u>
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

FEB 8 1960

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 Charles E. Bennett

Licensed Embalmer No. 4677

P. O. Address St Joseph 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.