URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS FEB 16 1960

-60-007133

STATE FILE NUMBER

Registration District No. 179 Primary Registration District No. 5668 Registrar's No. 20

NDED

1. PLACE OF DEATH
a. COUNTY Lincoln
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Clark Twp. Length of stay in 1b XX
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Enroute to Hosp. Lincoln Co. Memorial DOA Inside Limits Yes ☐ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY StLouis.
c. CITY OR TOWN University City, Mo. Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 8220 Braddock St. Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First ROY Middle CLEO Last SMITH

4. DATE OF DEATH Month Feb Day 6, Year 1960

5. SEX Male
6. COLOR OR RACE White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH 8-5-03
9. AGE (last birthday) 56 IF UNDER 1 YEAR Months Days IF UNDER 24 HR Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Mo Unemployement
10b. KIND OF BUSINESS OR INDUSTRY Office
11. BIRTHPLACE (City and state or country) Appleton City, Mo.
12. CITIZEN OF WHAT COUNTRY USA

13a. FATHER'S NAME Ross Smith
13b. MOTHER'S MAIDEN NAME Addie W. Wollfold
14. NAME OF HUSBAND OR WIFE Susan Smith.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) World War#2
16. SOCIAL SECURITY NO. 490-07-7641
17. INFORMANT Mrs Ida Reynolds. Address Perry, 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) Fractured Skull, Shock — INTERVAL BETWEEN ONSET AND DEATH ??
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Automobile Traumatism
DUE TO (c) (Coroner's Jury Verdict)
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. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
20a. ACCIDENT ☒ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) Headon Collision of Two Cars
20c. TIME OF INJURY Hour a.m. p.m. 4:30 Month, Day, Year 2/6/60
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Hiway #61
20f. CITY, TOWN, OR LOCATION Clark Twp. COUNTY Lincoln Co. STATE Missouri.

21. I attended the deceased from _____, to _____ and last saw her/him alive on _____
Death occurred at About 4:45 ?? P m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Joseph J. Marsh (Degree or title) Coroner
22b. ADDRESS Troy, Missouri
22c. DATE SIGNED 2/7/60

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 2-9-1960
23c. NAME OF CEMETERY OR CREMATORY Lickcreek Cemetery.
23d. LOCATION (City, town, or county) (State) Perry, Missouri.

24. FUNERAL DIRECTOR Clyde C. Wilkey ADDRESS Perry, Mo.
25. DATE RECD. BY LOCAL REG. 2-12-1960
26. REGISTRAR'S SIGNATURE Charlotte Leek

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

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_____ Signed D.W. McCoy

Signature of Student Embalmer

Licensed Embalmer No. 35 076

P. O. Address Troy Me

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