

R DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-031467

FILED VS AUG 25 1960

Registration District No. 246 Primary Registration District No. 5835 Registrar's No. 396

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY Newton		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE California b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Shoal Creek Twp.		Length of stay in 1b	c. CITY OR TOWN Escondido
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 637 McDonald Land
			Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First LELA Middle ARLINE Last SMITH			4. DATE OF DEATH Month August Day 14 Year 1960			
5. SEX Female	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 5-27-41	9. AGE (last birthday) 19	IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY Steam Boat Spg. Col.		11. BIRTHPLACE (City and state or country) U.S.A.		
13a. FATHER'S NAME William Prosser		13b. MOTHER'S MAIDEN NAME Lela Griffith		14. NAME OF HUSBAND OR WIFE James E. Smith		
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. None		17. INFORMANT Address Rev. Welsh, Escondido Calif.		

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 Instant
IMMEDIATE CAUSE (a) Broken Neck			
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Broken right knee & Internal Injuries			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.) Missed curve in highway and struck a	
20c. TIME OF INJURY Hour 5:15 AM Month 8 Day 14 Year 1960	parked car from the rear.		
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.) Public Highway	20f. CITY, TOWN, OR LOCATION Near Joplin in Newton County Mo.	COUNTY STATE
21. I attended the deceased from _____ to _____ and last saw her alive on _____ Death occurred at 5:15 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Correy Thompson Coroner		22b. ADDRESS Neosho Missouri	22c. DATE SIGNED 8/14/60.
23a. BURIAL, CREMATION REMOVAL (Specify) Removal	23b. DATE 8-15-1960	23c. NAME OF CEMETERY OR CREMATORY Grand Junction Colo.	23d. LOCATION (City, town, or county) Grand Junction Colo.
24. FUNERAL DIRECTOR ADDRESS Thompson Funeral Home, Neosho Mo.		25. DATE RECD. BY LOCAL REG. 8-15-1960	26. REGISTRAR'S SIGNATURE Noice Merriam

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

SEP 23 1960

STATEMENT BY LICENSED EMBALMER

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

Student _____
Signature of Student Embalmer

Signed Borsey Thompson

Licensed Embalmer No. 3259

P. O. Address Neosho

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