# URI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

FILED VS OCT 31 1960 149 Registration District No. 1002 Registrar's No. 5241 60-038562 STATE FILE NUMBER

NDED

1. PLACE OF DEATH
a. COUNTY Jackson
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City — Length of stay in 1b: 5 weeks
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Rear of 408 E. 9th St. — Inside Limits Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Alabama b. COUNTY Chilton
c. CITY OR TOWN Clanton — Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) RR 4 — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First OSCAR Middle L Last SMITH
4. DATE OF DEATH Month Oct. Day 17 Year 1960
5. SEX Male
6. COLOR OR RACE White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH Dec.31,1901
9. AGE (last birthday) 58
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) Laborer
10b. KIND OF BUSINESS OR INDUSTRY Tree Service
11. BIRTHPLACE (City and state or country) Lee County, Alabama
12. CITIZEN OF WHAT COUNTRY U.S.A.
13a. FATHER'S NAME John E. Smith
13b. MOTHER'S MAIDEN NAME Willie Bell
14. NAME OF HUSBAND OR WIFE Hazel R Smith
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 420-07-5949
17. INFORMANT Hazel R Smith, Clanton, Ala. Address

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Crushed Skull — INTERVAL BETWEEN ONSET AND DEATH
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)
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.) Apparently fell into alley from top of two story building
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year 10-17-60
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.) Alley
20f. CITY, TOWN, OR LOCATION Kansas City COUNTY Jackson STATE Mo.

21. I attended the deceased from _____, to _____ and last saw he/she alive on _____
Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.

BY AFFIDAVIT OF Hugh H. Owens

22a. SIGNATURE Hugh H. Owens (Degree or title) Coroner
22b. ADDRESS 152 Missouri State
22c. DATE SIGNED 10-18-60

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal
23b. DATE Oct.19,60
23c. NAME OF CEMETERY OR CREMATORY Cedar Grove Cem
23d. LOCATION (City, town, or county) Clanton, Alabama (State)

24. FUNERAL DIRECTOR P.B. Lapetina Funeral Home, K.C., Mo. ADDRESS
25. DATE RECD. BY LOCAL REG. 10-18-60
26. REGISTRAR'S SIGNATURE H. L. Dwyer

(Licensed Embalmer's Statement on Reverse Side)

**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_____

Licensed Embalmer No._____

P. O. Address_____

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