

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-004822

STATE FILE NUMBER

AMENDED

Registration District No. 69 Primary Registration District No. 5273 Registrar's No. 1

FILED VS FEB 20 1961

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <u>Christian</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Christian</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Porter Township</u>		Length of stay in 1b <u>Minutes</u>	c. CITY OR TOWN <u>Ozark, Mo</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>Highway 14</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>City Highway 14</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last <u>Floyd C Smith</u>			4. DATE OF DEATH Month Day Year <u>Feb 10-1961</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>11/16/05</u>
9. AGE (last birthday) <u>55</u>		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) <u>Teacher</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <u>Montrose Miss</u>
12. CITIZEN OF WHAT COUNTRY <u>U S A</u>		13a. FATHER'S NAME <u>Greenbrier Smith</u>	
13b. MOTHER'S MAIDEN NAME <u>Florence McCord</u>		14. NAME OF HUSBAND OR WIFE <u>Hazel Smith</u>	
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.	17. INFORMANT Address <u>Jerry Smith, Ozark 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>Crushed Chest & Possible Skull Fracture</u> DUE TO (b) <u>Auto Accident</u> DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			INTERVAL BETWEEN ONSET AND DEATH
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
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>Headon Auto Collision</u>	
20c. TIME OF INJURY Hour Month, Day, Year <u>2:30</u> <u>XXIX</u> <u>2/10/1961</u> p.m.			
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>Missouri Hi. #14</u>	20f. CITY, TOWN, OR LOCATION COUNTY STATE <u>Porter Township, Christian, Missouri</u>
21. I attended the deceased from _____ to _____ and last saw him alive on _____ Death occurred at <u>2/10/61 2:30 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>Aileen Harris</u> <u>Coroner Christian Co.</u>		22b. ADDRESS <u>Clever, Missouri</u>	22c. DATE SIGNED <u>2/14/1961</u>
23a. BY WHAT REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>2/13/61</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Weaver Cemetry</u>	23d. LOCATION (City, town, or county) (If no) <u>Christian Mo</u>
24. FUNERAL DIRECTOR ADDRESS <u>T. B. Chaffin Ozark, Mo</u>		25. DATE RECD. BY LOCAL REG. <u>Feb. 17, 1961</u>	26. REGISTRAR'S SIGNATURE <u>Oline Heutter</u>

FEB 23 1961

STATEMENT BY LICENSED EMBALMER

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 T. B. Chaffin

Licensed Embalmer No. 2192

P. O. Address Ozark, 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.