

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-022207

STATE FILE NUMBER

Registration District No. 292 Primary Registration District No. _____ Registrar's No. _____

AMENDED

FILED JUN 21 1961

1. PLACE OF DEATH a. COUNTY <u>Ralls</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Ralls</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Jasper Township</u>		c. CITY OR TOWN <u>R.F.D. Center, Mo.</u>	
Length of stay in 1b <u>3 wks.</u>		Inside Limits Yes ☐ No ☒	
c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>RFD - Center, Mo.</u>		d. STREET ADDRESS (If outside, give location) <u>Jasper Township</u>	
Yes ☐ No ☒		Reside on Farm Yes ☒ No ☐	
3. NAME OF DECEASED (Type or print) <u>LARRY DALE SMITH</u>		4. DATE OF DEATH Month <u>June</u> Day <u>17</u> Year <u>1961</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>white</u>	7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐	8. DATE OF BIRTH <u>May 26, 34</u>
9. AGE (last birthday) <u>27</u>		IF UNDER 1 YEAR Months _____ Days _____	
10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Labourer</u>		11. BIRTHPLACE (City and state or country) <u>Montgomery City, Mo.</u>	
12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>		13. FATHER'S NAME <u>Carl Clarence Smith</u>	
13b. MOTHER'S MAIDEN NAME <u>Vivian Lenore Trower</u>		14. NAME OF HUSBAND OR WIFE <u>Mrs. Masako Smith</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>yes</u> <u>Korean</u>		16. SOCIAL SECURITY NO. <u>498-36-5167</u>	
17. INFORMANT <u>Mrs. Masako Smith</u>		Address <u>New London, 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>Gunshot wound in head from 22 Caliber rifle-self inflicted</u> 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		INTERVAL BETWEEN ONSET AND DEATH <u>instant</u>	
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.) <u>self inflicted gunshot wound.</u>		20c. TIME OF INJURY Hour <u>10:00</u> Minute <u>00</u> Month, Day, Year <u>June 17, 61</u>	
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.) <u>Farm</u>	
20f. CITY, TOWN, OR LOCATION <u>Center Township, Ralls, Missouri</u>		COUNTY <u>Ralls</u> STATE <u>Missouri</u>	
21. I attended the deceased from _____ and last saw her alive on _____. Death occurred at <u>10:00</u> P.m. on the date stated above, and to the best of my knowledge, from the causes stated.			
22. SIGNATURE <u>Clydes. Mickey Carmon</u>		22b. ADDRESS <u>Perry, Mo. Ralls County</u>	
22c. DATE SIGNED <u>6/18/61</u>		22d. DATE SIGNED	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>6-20-1961</u>	
23c. NAME OF CEMETERY OR CREMATORY <u>Bellflower cemetery</u>		23d. LOCATION (City, town, or county) (State) <u>Bellflower, Missouri</u>	
24. FUNERAL DIRECTOR <u>W.D. Weston & Associates, Inc.</u>		25. DATE RECD. BY LOCAL REG. <u>June 18/1961</u>	
26. REGISTRAR'S SIGNATURE <u>Clydes. Mickey</u>		26. REGISTRAR'S SIGNATURE	

(Licensed Embalmers' Statement on Reverse Side)

DATE AMENDED

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

ITEM NO. SHOULD READ

1961 JUN 28

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 _____

Clyde C. Murray

Licensed Embalmer No. 5820

P. O. Address Perry, 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.