

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-043568

STATE FILE NUMBER

Registration District No. 245 Primary Registration District No. 3047 Registrar's No. 146

FILED DEC 10 1962

DO NOT WRITE ON THIS STUB

AMENDED

VS 300  
Rev. 4/59

6735

20090

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

1. PLACE OF DEATH a. COUNTY <b>Newton</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Benton</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Neosho</b>		Length of stay in 1b <b>30 Min.</b>	c. CITY OR TOWN <b>Gentry</b> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Sales Memorial Hospital</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <b>Leroy</b> Middle <b>Edgar</b> Last <b>Smith, Jr.</b>			4. DATE OF DEATH Month <b>December</b> Day <b>1</b> Year <b>1962</b>
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>7-4-1941</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Lloyd Poultry Co.</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Same</b>	11. BIRTHPLACE (City and state or country) <b>Inter National Falls, Minn.</b>
13a. FATHER'S NAME <b>Leroy Edgar Smith, Sr.</b>		13b. MOTHER'S MAIDEN NAME <b>Voilet Alice Schober</b>	14. NAME OF HUSBAND OR WIFE <b>Jo Bell Smith</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO.	17. INFORMANT Address <b>Jo Bell Smith, Gentry, Arkansas</b>
18. CAUSE OF DEATH (Enter only one cause per line PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Accidental gunshot wound - right shoulder area</b>			INTERVAL BETWEEN ONSET AND DEATH <b>45 min.</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>Subject accidentally shot with 22 pistol</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. <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.) <b>pistol in hand of brother accidentally discharged</b>	
20c. TIME OF INJURY Hour <b>8:30</b> Month, Day, Year <b>12-2-62</b>		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.) <b>in home</b>		20f. CITY, TOWN, OR LOCATION COUNTY STATE <b>1 1/2 Mi. W of Pineville, McDonald, Missouri</b>	
21. I attended the deceased from <b>did not attend</b> to _____ and last saw her alive on _____ Death occurred at <b>9:15 P.m.</b> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <i>James L. Haddock</i> Coroner, Newton County, Mo.		22b. ADDRESS <b>118 W. Main, Neosho, Mo.</b>	22c. DATE SIGNED <b>12-3-62</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>12/4/1962</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Walnut Grove Cemetery</b>	23d. LOCATION (City, town, or county) (State) <b>Crosses, Arkansas</b>
24. FUNERAL DIRECTOR ADDRESS <b>Downey-Woodard-Mooney Funeral Homes, Inc.</b>		25. DATE RECD. BY LOCAL REG. <b>12-3-62</b>	25. REGISTRAR'S SIGNATURE <i>Naydene Belka</i>

USE BLACK INK OR TYPEWRITER RIBBON

DEC 13 1962

**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 G. Kenneth Davis

Licensed Embalmer No. 3799

P. O. Address Neosho, 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.