

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

62-049698
STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 1 Primary Registration District No. — Registrar's No. 207

FILED JUN 20 1963

VS 300
Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH a. COUNTY Adair		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Adair	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Benton Twp.		c. CITY OR TOWN Kirksville	
c. FULL NAME OF HOSPITAL OR INSTITUTION Forest Lake at Thousand Hills State Park		d. STREET ADDRESS (If outside, give location) 1415 E. Scott	
3. NAME OF DECEASED First DONNA Middle JEAN Last SMITH		4. DATE Month JULY Day 17 Year 1962	
5. SEX female	6. COLOR OR RACE white	7. Married <input checked="" type="checkbox"/> Never Married Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 3/27/36
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife		10b. KIND OF BUSINESS OR INDUSTRY Own home	11. BIRTHPLACE (City and state or country) Kirksville, Adair, Mo. U S
13a. FATHER'S NAME Herbert Truitt		14. NAME OF HUSBAND Charles E. Smith	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		17. INFORMANT Roxie Truitt, Lancaster, Calif.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) body found floating in a 30 gal barrel in the 1000 hills state park on 7/17/62. body was badly decomposed, flesh was emulsive, only a small piece of the scalp with hair was saved. DUE TO (b) adult skull had a large hole on the rt. side just below the temporal area and dislocated rt. jaw. DUE TO (c) adult bones and unborn baby bones salvaged. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Mrs Smith had been reported missing on Oct. 27 1961 in Okla. by her husband. PART III. If deceased was female was pregnant pregnancy in last 90 days. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) unknown	
20c. TIME OF INJURY Hour unknown Month, Day, Year			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) unknown	
20f. CITY, TOWN, OR LOCATION unknown COUNTY STATE			
21. I attended the deceased from _____, to _____ and last saw her/him alive on _____ Death occurred at unknown m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>Nova E. Foster</i>		22b. ADDRESS	
22c. DATE SIGNED 7/25/62			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE OF INTERMENT June 10, 1963	
23c. NAME OF CEMETERY OR CREMATORY Novinger		23d. LOCATION (City, town, or county) Novinger, Adair, Mo.	
24. FUNERAL DIRECTOR Foster Memorial Home, Kirksville, Mo.		25. DATE RECD. BY LOCAL REG. June 10, 1963	
26. REGISTRAR'S SIGNATURE <i>James W. Ratliff</i>			

OCT 15 1961

No permit issued

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 _____

Licensed Embalmer No. _____

P. O. Address _____

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.