

FILED MAY 28 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 16221

BIRTH NO. _____ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 469

1. PLACE OF DEATH a. COUNTY GREENE		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo. b. COUNTY Greene	
b. CITY (If outside corporate limits, write RURAL and give township) Springfield		c. CITY (If outside corporate limits, write RURAL and give township) Springfield RURAL-3	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location) Springfield, RURAL-3	
d. FULL NAME OF HOSPITAL OR INSTITUTION Burge Hospital			

3. NAME OF DECEASED a. (First) Loyal b. (Middle) Victor c. (Last) Smith			4. DATE OF DEATH (Month) (Day) (Year) May 24, 1951				
5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH April 21, 1914	9. AGE (In years last birthday) 37	10. MONTH 1	11. DAYS 3	12. CITIZEN OF WHAT COUNTRY? U.S.A.
10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) salesman		10b. KIND OF BUSINESS OR INDUSTRY Life Insurance		11. BIRTHPLACE (State or foreign country) Christine Co. Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	

13a. FATHER'S NAME Charles Smith	13b. MOTHER'S MAIDEN NAME Ada Layton	14. NAME OF HUSBAND OR WIFE Mildred
---	---	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. 487-28-5457	17. INFORMANT'S SIGNATURE OR NAME Mrs. Mildred Smith, Springfield RR 3	ADDRESS
--	--	---	---------

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) PULMONARY EMBOLUS FOLLOWING fracture, compound mandible		INTERVAL BETWEEN ONSET AND DEATH 6 hrs.
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) due to bullet wound		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			6/9/51

19a. DATE OF OPERATION 5/24/51	19b. MAJOR FINDINGS OF OPERATION Fracture of mandible	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
---------------------------------------	--	--

21a. ACCIDENT SUICIDE HOMICIDE (Specify) accident	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office, etc.) on road	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Rogersville (rural) Webster Mo.
--	---	--

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 5 24 51 3 P.M.	21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? accidental shooting
---	---	---

22. I hereby certify that I attended the deceased from **May 24, 1951**, to **May 24, 1951**, that I last saw the deceased alive on **May 24, 1951**, and that death occurred at **9:20 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE Edward Marcus M.D. (Degree or title)	23b. ADDRESS Woodburn Bldg	23c. DATE SIGNED 5/24/51
--	-----------------------------------	---------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE MAY 26 1951	24c. NAME OF CEMETERY OR CREMATORY Roller Cemetery	24d. LOCATION (City, town, or county) (State) Christine County Mo.
---	------------------------------	---	---

DATE REC'D BY LOCAL REG. 5-25-51	REGISTRAR'S SIGNATURE W.E. Handley	25. FUNERAL DIRECTOR'S SIGNATURE Wm. J. Farrell	ADDRESS Rogersville Mo.
---	---	--	--------------------------------

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

396
0

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 _____

DON FENNEL

working under my personal supervision.

Student Embalmer No. 397

Signed

Don H. Ferrall
Student Embalmer

Signed

K. K. Kelley

Licensed Embalmer No.

3334

P. O. Address

Fordland 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 this body is not embalmed, fact should be so stated above.