

No. 300
10-48

FILED OCT 8 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 30612
Registrar's No. 184

BIRTH NO. _____ REG. DIST. NO. 157 PRIMARY REG. DIST. NO. 5582

490
3

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

1. PLACE OF DEATH a. COUNTY Jasper		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jasper	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN rural -- Jackson		c. LENGTH OF STAY (In this place) none	
d. FULL NAME OF HOSPITAL OR INSTITUTION on Hiway 166 of Fidelity		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN rural -- Union	
		d. STREET ADDRESS (If rural, give location) Route 1, Reeds, Mo.	

3. NAME OF DECEASED (Type or Print) a. (First) CLYDE b. (Middle) ALONZO "LONNIE" c. (Last) SMITH			4. DATE OF DEATH (Month) (Day) (Year) Sept 22, 1951		
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5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Dec 6, 1865	9. AGE (In years last birthday) 65	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	Hours	Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) trucker and wood	10b. KIND OF BUSINESS OR INDUSTRY dealer	11. BIRTHPLACE (State or foreign country) Dade County, Missouri	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Alfred Smith	13b. MOTHER'S MAIDEN NAME Lula Kirby	14. NAME OF HUSBAND OR WIFE Della S. Smith
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no	16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME Mrs. Lonnie Smith	ADDRESS Route 1, Reeds, Mo
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH sudden
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Fracture of skull, fracture of cervical vertebrae, fracture of left leg, internal injuries?		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Cervical vertebrae, fracture DUE TO (c) left leg, internal injuries?		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		E8161	

19a. DATE OF OPERATION _____	19b. MAJOR-FINDINGS OF OPERATION n49	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT (Specify) accident	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) on hiway 166	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Jackson township Jasper Missouri
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Sept 22, 1951 11:40 p.m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? head on collision of car and truck.
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22. I hereby certify that I attended the deceased from **D. O. A., 19**, to _____, 19____, that I last saw the deceased alive on ~~the day of~~ **the day of** ~~death~~ **death**, and that death occurred at **11:40 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE Russel Smith M.D.	23b. ADDRESS Carthage, Mo.	23c. DATE SIGNED 9-24-51
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24a. BURIAL, CREMATION, REMOVAL (Specify) burial	24b. DATE Sept 26, 1951	24c. NAME OF CEMETERY OR CREMATORY Park Cemetery	24d. LOCATION (City, town, or county) (State) Carthage, Missouri
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DATE REC'D BY LOCAL REG. 9-26-51	REGISTRAR'S SIGNATURE LB Clinton M.D.	25. FUNERAL DIRECTOR'S SIGNATURE Knell Mortuary	ADDRESS Carthage, Mo.
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RECEIVED 10-5-51

Jasper County Health Office

County File Number 51/10/773

Date Filed 10-5-51

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 _____
Student Embalmer

Signed Robert H. Knell

Licensed Embalmer No. 4459

P. O. Address Carthage

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.