

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **39784**

FILED NOV 26 1952

BIRTH NO. _____ REG. DIST. NO. 290 PRIMARY REG. DIST. NO. 4430 Registrar's No. 138

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| 1. PLACE OF DEATH | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) | |
| a. COUNTY Pulaski | b. CITY (If outside corporate limits, write RURAL and give town or township) Crocker, Missouri | c. LENGTH OF STAY (in this place) Life | d. FULL NAME OF HOSPITAL OR INSTITUTION None |
| a. STATE Missouri | | b. COUNTY Pulaski | |
| c. CITY (If outside corporate limits, write RURAL and give township) Crocker | | d. STREET ADDRESS (If rural, give location) Missouri | |

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| 3. NAME OF DECEASED (Type or Print) | a. (First) James | b. (Middle) Thomas | c. (Last) Smith | 4. DATE OF DEATH (Month) (Day) (Year) Nov. 16 1952 |
| 5. SEX Male | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) never married | 8. DATE OF BIRTH July 12, 1885 | 9. AGE (In years last birthday) 67 |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer | | 10b. KIND OF BUSINESS OR INDUSTRY None | 11. BIRTHPLACE (City and State or Foreign Country) Pulaski County Crocker Mo | |
| 12. CITIZEN OF WHAT COUNTRY? USA | | | | |

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|--|--|---|
| 13a. FATHER'S NAME James Smith | 13b. MOTHER'S MAIDEN NAME Zula Overby | 14. NAME OF HUSBAND OR WIFE None |
| 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. None | 17. INFORMANT'S SIGNATURE OR NAME Mrs. Laura Thornsberry Crocker, Mo |
| | | ADDRESS Crocker, 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 instant |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Severe trauma to Brain | | |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Fracture of Skull DUE TO (c) | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | |

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|---|--|--|
| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident | 21b. PLACE OF INJURY (e.g., to or about home, farm, factory, street, office bldg., etc.) Highway 17, Crocker Mo | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Crocker Pulaski Mo |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Nov 16 1952 12:00 PM | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/> | 21f. HOW DID INJURY OCCUR? Hit and Run Accident |

22. I hereby certify that I attended the deceased from Nov-16, 1952, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 12:00 P.m., from the causes and on the date stated above.

| | | |
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| 23a. SIGNATURE (Degree or title) Billy Junior Hedger County Clerk | 23b. ADDRESS Crocker, Mo | 23c. DATE SIGNED 11/17/52 |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 24b. DATE Nov. 17/52 | 24c. NAME OF CEMETERY OR CREMATORY Crocker Cemetery |
| | | 24d. LOCATION (City, town, or county) (State) Crocker, Missouri |

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| DATE REC'D BY LOCAL REG. 11-17-52 | REGISTRAR'S SIGNATURE Eula Mae Anderson | 25. FUNERAL DIRECTOR'S SIGNATURE Hedger Funeral Home Crocker Mo |
| | | ADDRESS Crocker, Mo |

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

No. 300
10-48

350
3

Date Filed 11-24-52
File Number _____
First County Health Officer
RECEIVED 11-19-52

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 Clarence S. Moss

Licensed Embalmer No. 4896

P. O. Address Waynesville, 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.