

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

42706

State File No. \_\_\_\_\_

No. 300

10-48

FILED JAN 7-1953 REG. DIST. NO. 170 PRIMARY REG. DIST. NO. 5630 Registrar's No. 198

530  
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY <u>Wheeler</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>KANSAS</u> b. COUNTY <u>Sumner</u>	
b. CITY (If outside corporate limits, write RURAL and give township) Rural <u>Lebanon</u>		c. CITY (If outside corporate limits, write RURAL and give township) WELLINGTON <u>815<sup>th</sup></u>	
c. LENGTH OF STAY (in this place) <u>✓</u>		d. STREET ADDRESS (If rural, give location) <u>1906 E. HARVEY</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>14 mi. E. Lebanon on U.S. 66</u>			
3. NAME OF DECEASED a. (First) <u>Harvey</u> b. (Middle) <u>J.</u> c. (Last) <u>Smith</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Dec 24, 52</u>
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>30 Oct 1927</u>
9. AGE (In years last birthday) <u>25</u>		IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 4 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Student</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <u>Dodge City, Kansas</u>
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>			
13a. FATHER'S NAME <u>Ted Smith</u>		13b. MOTHER'S MAIDEN NAME <u>Yink</u>	14. NAME OF HUSBAND OR WIFE <u>Ethel V. Smith</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>yes 1942-52</u>		16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Capt. Andrew M. Flom Ft. Leonard Wood</u>
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Fractured skull, Comp. Fracture</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>left leg &amp; multiple fractures</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>053</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SITE/TYPE HIGHWAY <u>Accident</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>U.S. Highway 66</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Wheeler MO.</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>12-24-52</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>auto accident</u>	
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>1149 P</u> m., from the causes and on the date stated above.			
23a. SIGNATURE <u>Richard L. Palmer</u> (Degree or title) <u>3</u>		23b. ADDRESS <u>Lebanon Mo.</u>	23c. DATE SIGNED <u>12-25-52</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>12-24-1952</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Union Mission</u>	24d. LOCATION (City, town, or county) (State) <u>Ft Wood Missouri</u>
DATE REC'D BY LOCAL REG. <u>12-31-1952</u>	REGISTRAR'S SIGNATURE <u>Hedda L. Gray</u> 424	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>NOT KNOWN - Wellington Kansas</u>	

(Licensed Embalmer's Statement on Reverse Side)

Received: 1-3-53  
Laclede Co. Health Dept.  
File #: 1-53-2  
Date Filed: 1-6-53

FEB 1 1953

FEB 24 1953

MAR 2 1953

**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

*Not Embalmed*

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