

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

27912

FILED AUG 30 1956

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 290 PRIMARY REG. DIST. NO. 4427 Registrar's No. 110

1. PLACE OF DEATH a. COUNTY Pulaski		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Pulaski	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN Waynesville, Mo Rural)		c. CITY OR TOWN Hazelgreen, Mo	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) 3 hrs		f. STREET ADDRESS (If rural, give location) None.	
d. FULL NAME OF HOSPITAL OR INSTITUTION in transitto hospital.			

3. NAME OF DECEASED (Type or Print) a. (First) Cheryl b. (Middle) Lynn c. (Last) Smith			4. DATE OF DEATH (Month) (Day) (Year) 8 17 1956		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) never married	8. DATE OF BIRTH April 25, 1952	9. AGE (In years last birthday) 4	IF UNDER 1 YEAR Months 4
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None.		10b. KIND OF BUSINESS OR INDUSTRY None.	11. BIRTHPLACE (City and State or Foreign Country) Waynesville, Missouri	12. CITIZEN OF WHAT COUNTRY? USA	

13a. FATHER'S NAME Billy Clay Smith	13b. MOTHER'S MAIDEN NAME Phylis Hansen	14. NAME OF HUSBAND OR WIFE None.
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No. (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. None.	17. INFORMANT'S SIGNATURE OR NAME Billy Clay Smith ADDRESS Hazelgreen, Mo

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.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Gunshot wound of the Medial inferior portion of the right eye.		
	ANTECEDENT CAUSES inferior portion of the right eye. piercing the brain. DUE TO (b) _____ DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		9199	
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., in or about home, farm, factory, street, office bldg., etc.) Waynesville, Mo Rural	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Pulaski MO
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 8 17 1956 9:30	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? Accidental discharge of Weapon.

22. I hereby certify that I attended the deceased person on 8/17/1956 to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 9:30 p. from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) [Signature] County Coroner.	23b. ADDRESS Richland, Missouri	23c. DATE SIGNED 8/18/56
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 8/19/56	24c. NAME OF CEMETERY OR CREMATORY Hazelgreen Cemetery
24d. LOCATION (City, town, or county) (State) Hazelgreen, Missouri		

DATE REC'D BY LOCAL REG. 8-19-56	REGISTRAR'S SIGNATURE [Signature]	25. FUNERAL DIRECTOR'S SIGNATURE [Signature] ADDRESS Hedges Funeral Home Inc. Way., Mo
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

(Licensed Embalmer's Statement on Reverse Side)

Date Filed 8-19-56
File Number 110
Putaski County Health Officer

RECEIVED 8-25-56

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 *Clarence Gross*

Licensed Embalmer No. *4896*

P. O. Address *Wagonville*

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.