FILED JAN 3 1957

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

40960

STATE FILE NUMBER

Registration District No. 77 Primary Registration District No. 3016 Registrar's No. 375

1. PLACE OF DEATH
a. COUNTY Cole
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Jefferson City — Inside Limits Yes ☐ No ☒
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) D.O.A. St Marys Hospital — Length of stay in 1b

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Kansas b. COUNTY Wyandotte
c. CITY OR TOWN Kansas City Kan — Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside give location) 350 State — Reside on Farm Yes ☒ No ☐

3. NAME OF DECEASED (Type or print) First Middle Last: Daniel Lewis Smith

4. DATE OF DEATH Month Day Year: Dec 24 1956

5. SEX: Male
6. COLOR OR RACE: Colored
7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH: March 9, 1920
9. AGE (In years last birthday): 36 — IF UNDER 1 YEAR Months 9 Days 15 — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Minister
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (City and state or country): Chyenshaw, Miss
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: unk
14. MOTHER'S MAIDEN NAME: unk.

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) No
16. SOCIAL SECURITY NO. 412-09-2779
17. INFORMANT Address: Mrs Helen Smith Kansas City Kan

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cardiac arrest — INTERVAL BETWEEN ONSET AND DEATH minutes
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Trauma to Chest wall
DUE TO (c) (Francis W. Meier M.D.)
Signed by Meier 12/31/56
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

MEDICAL CERTIFICATION

20a. ACCIDENT ☒ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) Driving own car — head on collission with another Car — 1½ mi (3) Hy 50 East — of Jefferson City — chest crushed —
20c. TIME OF INJURY Hour a. m. Month, Day, Year: 1:30 12-24-56
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) 1½ miles E So highway J.C. Mo. (1½)
20f. CITY, TOWN, OR LOCATION: 026 COUNTY Cole — STATE Jeff. Twp — Mo.

21. I attended the deceased from _____, to _____ and last saw her/him alive on _____
Death occurred at 1:30 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Horace O. Debo Dept. Shir. Deputy Coroner
22b. ADDRESS: Jefferson City Mo.
22c. DATE SIGNED: 12-24-56

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal
23b. DATE: 12-24-56
23c. NAME OF CEMETERY OR CREMATORY: Memphis Cemetery
23d. LOCATION (City, town, or county) (State): Memphis Tenn

24. FUNERAL DIRECTOR ADDRESS: Victor Buescher J C Mo
25. DATE RECD. BY LOCAL REG.: 26 Dec 1956
26. REGISTRAR'S SIGNATURE: R.P. Dorris MD - M.R.

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

diseases in Part I must be casually related. Cancer cannot certify to a death due to natural causes.

NOV 12 1957

VS MAY 24 1960

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed..Victor Buescher.....

Licensed Embalmer No. 37

P. O. Address..Jefferson

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (
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.