

FILED FEB 20 1958

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-004994
State File No.

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

BIRTH NO. _____ REG. DIST. NO. 107 PRIMARY REG. DIST. NO. 3019 Registrar's No. 37

1. PLACE OF DEATH a. COUNTY <u>Franklin</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Ark.</u> b. COUNTY <u>Clay</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kennett</u>		c. CITY OR TOWN <u>Rector</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Franklin Co. Memorial Hosp</u>		e. STREET ADDRESS (If rural, give location) <u>Rt # 2 - 8038</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>RAYMOND</u> b. (Middle) <u>Lee</u> c. (Last) <u>SMITH</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>1 - 19 - 1958</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never</u>	8. DATE OF BIRTH <u>1/13/1952</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>School</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>School</u>	
11. BIRTHPLACE (City and State or Foreign Country) <u>Mississippi Co. Arkansas</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>	
13a. FATHER'S NAME <u>Carl Smith</u>		13b. MOTHER'S MAIDEN NAME <u>Mrs Billie Jane Assie</u>	
14. NAME OF HUSBAND OR WIFE _____		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>	
16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Carl Smith Rector Ark Rt # 2</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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cicuta maculata poisoning</u> INTERVAL BETWEEN ONSET AND DEATH <u>90 min.</u> ANTECEDENT CAUSES DUE TO (b) <u>Eating roots of water hemlock</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 _____	
20. AUTOPSY? <u>2</u> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>	
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>farm</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Rector Clay Co., Ark. 8038</u>	
21d. TIME OF INJURY <u>1:30 p</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	
21f. HOW DID INJURY OCCUR? <u>Water hemlock roots mistaken for carrots</u>		22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, and that death occurred at <u>5:30 p.m.</u> , from the causes and on the date stated above.	
23a. SIGNATURE <u>Guinton Farver, M.D., Coroner</u>		23b. ADDRESS <u>Kennett Mo.</u>	
23c. DATE SIGNED <u>2-15-58</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
24b. DATE <u>1/21/1958</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Waverly</u>	
24d. LOCATION (City, town, or county) (State) <u>Waverly MO</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>W. E. ...</u>	
DATE REC'D BY LOCAL REG. <u>2-15-1958</u>		REGISTRAR'S SIGNATURE <u>Carl Husband</u>	
25. FUNERAL DIRECTOR'S ADDRESS <u>W. E. ... Waverly, Ark.</u>		_____	

RECEIVED DUNKLIN COUNTY HEALTH
DEPARTMENT 2-18-58
COUNTY FILE NUMBER 258

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 *W.T. Emerson*

Licensed Embalmer No. *949*

P. O. Address *J. ...*

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.