

FILED APR 15 1958

STANDARD CERTIFICATE OF DEATH

58-009606  
STATE FILE NUMBER

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 370

300  
1-57

No symptoms will be listed. No diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY <u>Greene</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Greene</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Springfield</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>Springfield</u> <u>0396</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>St. Johns Hosp.</u>		Length of stay in lb <u>Life</u>	d. STREET ADDRESS (If outside, give location) <u>1045 W. Calhoun</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last <u>RAYMOND LESLIE SMITH</u>			4. DATE OF DEATH Month Day Year <u>April 4 1958</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>7/13/33</u>
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Loan Investigator</u>		9b. KIND OF BUSINESS OR INDUSTRY <u>Einance</u>	9. AGE (In years last birthday) <u>24</u> IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Loan Investigator</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Einance</u>	11. BIRTHPLACE (City and state or country) <u>Springfield, Mo.</u>
13a. FATHER'S NAME <u>A. S. Smith</u>		13b. MOTHER'S MAIDEN NAME <u>Myrtle Smith</u>	14. NAME OF HUSBAND OR WIFE <u>Barbara Jean Smith</u>
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>491-32-9772</u>	17. INFORMANT Address <u>A. S. Smith Springfield, Mo.</u>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Traumatic Shock</u> DUE TO (b) <u>Traumatic Amputation Both Lower Extremities</u> DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Cerebral Concussion, Multiple Abrasion + Contusion</u>			INTERVAL BETWEEN ONSET AND DEATH <u>6 hrs</u>
20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <u>motorcycle train collision</u>		
20c. TIME OF INJURY Hour Month, Day, Year <u>2:30 p.m. 4-4-58</u>	20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Street</u>		
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Street</u>	20f. CITY, TOWN, OR LOCATION <u>Springfield</u>	COUNTY <u>Greene</u>
21. I attended the deceased from <u>4-4-58</u> to <u>4-4-58</u> and last saw him alive on <u>4-4-58</u> Death occurred at <u>9 p.m.</u> <u>4-4-58</u> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>W. Washburn</u> (Degree or title) <u>MD.</u>		22b. ADDRESS <u>Springfield Mo</u>	22c. DATE SIGNED <u>4-7-58</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>April 8, 1958</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Eastlawn</u>	23d. LOCATION (City, town, or county) (State) <u>Springfield, Missouri</u>
24. FUNERAL DIRECTOR <u>Ralph Thieme</u> ADDRESS <u>Springfield, Mo</u>		25. DATE RECD. BY LOCAL REG. <u>4-7-58</u>	26. REGISTRAR'S SIGNATURE <u>Effie G. Melton</u>

APR 22 1958

VS AUG 13 1959

APR 17 1958

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 *Lee Mason* .....

Licensed Embalmer No. 4568 .....  
P. O. Address Springfield, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.