

Health, Welfare
Public Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-020805
STATE FILE NUMBER

FILED JUN 19 1958

Registration District No. 10 Primary Registration District No. 3002 Registrar's No. 131

300
-57

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1. PLACE OF DEATH a. COUNTY Audrain		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Audrain	
b. CITY (If outside corporate limits, give TOWNSHIP only) Mexico		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Mexico 0043 Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR 600 Block of N. INSTITUTION Baker Street		Length of stay in 1b	d. STREET ADDRESS (If outside, give location) 920 East Liberty Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) Carl K. Smith			4. DATE OF DEATH June 12 1958
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Aug. 6, 1924
9. AGE (In years last birthday) 33		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) Lineman		10b. KIND OF BUSINESS OR INDUSTRY Electrical Co.	11. BIRTHPLACE (City and state or country) Montgomery County, Mo.
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Carl C. Smith	
13b. MOTHER'S MAIDEN NAME Vivian L. Trower		14. NAME OF HUSBAND OR WIFE Ruby D. Smith	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) Yes WW2		16. SOCIAL SECURITY NO. 487-22-2832	17. INFORMANT Mrs. Ruby D. Smith Address 920 E. Liberty Mexico, Mo.
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 Electric Shock Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Electric Shock DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			INTERVAL BETWEEN ONSET AND DEATH 5 min 10 min. 9:48 8
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		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.) Pt. struck over head by high voltage electric wire.		20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.	
20d. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Delant. Mexico	20f. CITY, TOWN, OR LOCATION 004 COUNTY Mexico Mo. STATE Audrain Co.
21. I attended the deceased from never to never and last saw her alive on never Death occurred at 1:50 p m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE William J. [Signature] (Degree or title)		22b. ADDRESS 112 N Clark Mexico Mo.	22c. DATE SIGNED 6/12/58
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 6-14-1958	23c. NAME OF CEMETERY OR CREMATORY East Lawn Memorial Park	23d. LOCATION (City, town, or county) (State) Mexico, Missouri
24. FUNERAL DIRECTOR Arnold Funeral Home		ADDRESS Mexico, Mo.	25. DATE RECD. BY LOCAL REG. June 13 1958
26. REGISTRAR'S SIGNATURE Blanche Neely			

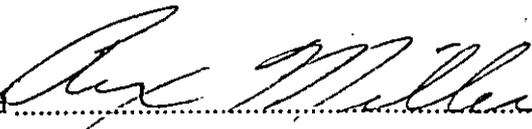
USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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 
Licensed Embalmer No. 4492
P. O. Address Mexico

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.