Health, & Welfare Public Service

S. 300
1-57

FILED JUN 30 1958

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-022424
STATE FILE NUMBER

Registration District No. 175 Primary Registration District No. 3036 Registrar's No. 65

1. PLACE OF DEATH
a. COUNTY: Lawrence
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Aurora — Inside Limits: Yes [X] No [ ]
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Aurora Hospital — Length of stay in Ib: Minutes
d. STREET ADDRESS (If outside, give location): 731 Hudson St. — Reside on Farm: Yes [ ] No [X]

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Lawrence
c. CITY OR TOWN: Aurora — Inside Limits: Yes [X] No [ ]

3. NAME OF DEceased (Type or print): First HOMER Middle JOSEPH Last SMITH

4. DATE OF DEATH: Month June Day 19 Year 1958

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH: June 2, 1904
9. AGE (In years last birthday): 54 — 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): Employee
10b. KIND OF BUSINESS OR INDUSTRY: Shoe Factory
11. BIRTHPLACE (City and state or country): Lawrence County, Missouri
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME: Loyd E. Smith
13b. MOTHER'S MAIDEN NAME: Molly Taylor
14. NAME OF HUSBAND OR WIFE: Mrs. Lora Smith

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: Yes
17. INFORMANT: Mrs. Lora Smith, Address: Aurora, Missouri

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Cerebral Hemorrhage
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Multiple Skull Fractures
DUE TO (c)
INTERVAL BETWEEN ONSET AND DEATH: app 1 hr.
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 [ ]

20a. ACCIDENT [X] SUICIDE [ ] HOMICIDE [ ]
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) Car accident
20c. TIME OF INJURY Hour 5:40 a.m. Month, Day, Year 6-19 58
20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [X]
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Street
20f. CITY, TOWN, OR LOCATION: Marionville COUNTY: Lawrence STATE: Mo.

21. I attended the deceased from 6/19/58, to 6/19/58 and last saw her/him alive on 6/19/58
Death occurred at 5 P.M. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: J.A. Morrison (Degree or title) M.D.
22b. ADDRESS: Aurora Mo.
22c. DATE SIGNED: 6/21/58

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: June 22, 1958
23c. NAME OF CEMETERY OR CREMATORY: Orange Cemetery
23d. LOCATION (City, town, or county) (State): Lawrence County, Missouri

24. FUNERAL DIRECTOR: MARSH FUNERAL HOME, ADDRESS: AURORA, MISSOURI
25. DATE REC'D BY LOCAL REG.: 6-21-58
26. REGISTRAR'S SIGNATURE: Ora McNatt

(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc. must use only standard nomenclature in Item 18. No symptoms will be listed. All diseases in Part I must be causally related.

JUL 31 1958

JUL 25 1958

SJS DEC 27 1960

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 Irvin R. Arnold

Licensed Embalmer No. 4929

P. O. Address Auburn, Me

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.