

FILED JUL 30 1958

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-026126

STATE FILE NUMBER

Registration District No. 170 Primary Registration District No. 5630 Registrar's No. 121

1. PLACE OF DEATH a. COUNTY LACLEDE		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE N. CAROLINA b. COUNTY HENDERSON	
b. CITY (If outside corporate limits, give TOWNSHIP only) TOWN LEBANON, RURAL ROUTE		c. CITY OR TOWN HENDERSONVILLE	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION East Hwy. 66		d. STREET ADDRESS (If outside, give location) 842 Willow Road	
3. NAME OF DECEASED (Type or print) First ALGER Middle WHITCRAFT Last SMITH		4. DATE OF DEATH Month JULY Day 9 Year 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 July 21, 1906
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Allied Van Lines, Inc.		10b. KIND OF BUSINESS OR INDUSTRY Allied Van Lines	11. BIRTHPLACE (City and state or country) Westchester, Pa.
13a. FATHER'S NAME George B. Smith, Sr.		13b. MOTHER'S MAIDEN NAME unknown	14. NAME OF HUSBAND OR WIFE Florence Mae Smith
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no none		16. SOCIAL SECURITY NO. 549-46-2940	17. INFORMANT Alger W. Smith, Jr., Rt. 2, Edgerton, Wis.
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Fractured Skull Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Crushed Chest 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 none
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.) Automobile accident.	
20c. TIME OF INJURY 11 a.m. July 9, 1958		20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Hwy. 66	
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20f. CITY, TOWN, OR LOCATION 9 mi. East Lebanon, Laclede Mo.	
21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at 11:00 A.M. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Alger W. Smith, Jr. (Degree or title)		22b. ADDRESS Lebanon, Mo.	
22c. DATE SIGNED 7-10-58			
23a. BURIAL, CREMATION, REMOVAL (Specify) removal		23b. DATE 7/12/58	
23c. NAME OF CEMETERY OR CREMATORY unknown		23d. LOCATION (City, town, or county) (State) Janesville, Wisconsin	
24. FUNERAL DIRECTOR J. J. Shadel ADDRESS Lebanon, Mo.		25. DATE RECD. BY LOCAL REG. 7-25-1958	
26. REGISTRAR'S SIGNATURE Hella L. Ray			

(Licensed Embalmer's Statement on Reverse Side)

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

300
1-57

X

Received

JUL 28 1958

Laclede County Health Unit

File No.

121

Date Filed

JUL 28 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 *[Handwritten Signature]*

Licensed Embalmer No. *3848*

P. O. Address *[Handwritten Address]*

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.