

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-018831
STATE FILE NUMBER

FILED JUN 15 1959 Registration District No. 306 Primary Registration District No. 6048 Registrar's No. 8

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1. PLACE OF DEATH a. COUNTY St. Charles		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) Dardenne (Twp)		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN Mexico Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Hwy 40-61		Length of stay in lb transient	d. STREET ADDRESS (If outside, give location) 1408 S Morris Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) JOHN MELVIN SMITH First Middle Last			4. DATE OF DEATH June 7, 1959 Month Day Year
5. SEX male	6. COLOR OR RACE white	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Mar. 25, 1932
9. AGE (In years last birthday) 27		IF UNDER 1 YEAR Months 2 Days 12	IF UNDER 24 HRS. Hours 12 Min. 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Bookkeeper		10b. KIND OF BUSINESS OR INDUSTRY Auto sales	11. BIRTHPLACE (City and state or country) Ladonia, Mo.
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME Choate Smith	
13b. MOTHER'S MAIDEN NAME Barbara Shoup		14. NAME OF HUSBAND OR WIFE Mildred A. Smith	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) yes Korea		16. SOCIAL SECURITY NO. 495-40-8901	17. INFORMANT Choate Smith, Perry, Mo Address
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Mutiple injuries Two car auto accident DUE TO (b) _____ 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)			INTERVAL BETWEEN ONSET AND DEATH instant
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.) Car trying to pass in no passing zone	
20c. TIME OF INJURY Hour 8-7-59 a.m. 12-40 P.M. p.m.		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.) Highway 40-61		20f. CITY, TOWN, OR LOCATION Near Wentzville St. Charles, MO	
21. XXXXXXXXXX from I held incoest, June, 10-59 and last saw her alive on _____ Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.		22a. SIGNATURE <i>Marion Murchamp Perry</i> (Degree or title) 3	
22b. ADDRESS Wentzville Mo		22c. DATE SIGNED June 10-59	
23a. BURIAL, CREMATION, REMOVAL (Specify) burial	23b. DATE June, 10, 1959	23c. NAME OF CEMETERY OR CREMATORY St. Joseph	23d. LOCATION (City, town, county) (State) Martinsburg, Missouri
24. FUNERAL DIRECTOR <i>H B Hill</i> ADDRESS Wentzville, Mo.		25. DATE RECD. BY LOCAL REG. 6-13-1959	26. REGISTRAR'S SIGNATURE <i>E A Kault</i>

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

JUN 18 1959

JUL 15 1959

JUL 21 1959

JUN 9 1959

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 *Plaine M. Bills*

Licensed Embalmer No. *4375*
P. O. Address *St. Louis, 23 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.