

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=60-016516

FILED VS APR 21 1960

Registration District No. 314 Primary Registration District No. 448 Registrar's No. 6064 25 STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY St. Clair			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jackson		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Osceola		Length of stay in 1b	c. CITY OR TOWN Kansas City		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Osage River		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 4801 Northern Blvd		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Clarence Middle A. Last Smith			4. DATE OF DEATH Month March Day 28 , Year 1960		
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 5/16/21	9. AGE (last birthday) 38	IF UNDER 1 YEAR Months Days IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Truck Driver		10b. KIND OF BUSINESS OR INDUSTRY Transport Driver	11. BIRTHPLACE (City and state or country) Bevier Mo;		12. CITIZEN OF WHAT COUNTRY USA
13a. FATHER'S NAME Vince Smith		13b. MOTHER'S MAIDEN NAME Bessie Slightom		14. NAME OF HUSBAND OR WIFE Helen K. Smith	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes WW# 2		16. SOCIAL SECURITY NO. 496-14-0383	17. INFORMANT Helen K. Smith, Kansas City Mo; Address		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:					INTERVAL BETWEEN ONSET AND DEATH sudden
IMMEDIATE CAUSE (a) Drowning					
DUE TO (b) Boat Capsized in Osage River					
DUE TO (c)					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)				PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
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.) Stated above - body recovered 4-11-60			
20c. TIME OF INJURY 7: P.M.	Hour Month, Day, Year 3-28-60				
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.) Osage River	20f. CITY, TOWN, OR LOCATION Osceola St. Clair		COUNTY STATE Missouri
21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at 7:00 P m on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE Ruth Seewers Local Pres.			22b. ADDRESS Osceola Missouri		22c. DATE SIGNED 4/11/60
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 4/12/60	23c. NAME OF CEMETERY OR CREMATORY Floral Hills	23d. LOCATION (City, town, or county) Kansas City Mo.		(State)
24. FUNERAL DIRECTOR Goodrich Funeral Home, Osceola Mo.		ADDRESS 4-21-60	25. DATE RECD. BY LOCAL REG.	26. REGISTRAR'S SIGNATURE Hurstard wika m.	

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

VS APR 25 1980

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was ^{Not} embalmed by
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

J. B. Goodrich

Licensed Embalmer No. 3038

P. O. Address Osceola

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.