RI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-60-038661
STATE FILE NUMBER

ED VS NOV 1 1960

IDED

Registration District No. 146 Primary Registration District No. 3026 Registrar's No. 510

1. PLACE OF DEATH
a. COUNTY Jackson
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Independence — Length of stay in 1b: 25 Minutes
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): Indep. Sanit.& Hospital — Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE California b. COUNTY Contra Costa
c. CITY OR TOWN El Sobanto — Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 5153 Hill Top Drive — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First Eugene Middle Michael Last Smith
4. DATE OF DEATH: Month Oct. Day 22 Year 1960

5. SEX: Male
6. COLOR OR RACE: White
7. Married ☐ Never Married ☒ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 12-9-1940
9. AGE (last birthday): 19 — 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): Student
10b. KIND OF BUSINESS OR INDUSTRY: College
11. BIRTHPLACE (City and state or country): Yonkers, New York
12. CITIZEN OF WHAT COUNTRY: USA

13a. FATHER'S NAME: Robert T. Smith
13b. MOTHER'S MAIDEN NAME: Milo Cronin
14. NAME OF HUSBAND OR WIFE: None

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) - - -
16. SOCIAL SECURITY NO.: 567-56-0684
17. INFORMANT: Charlotte Smith Address: 5625 Kenwood K.C.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) Shock & Hemorrhage
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Crushed Chest At Arm
DUE TO (c)
INTERVAL BETWEEN ONSET AND DEATH

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. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
20a. ACCIDENT ☒ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) Two Car Collision
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year 10 22 60
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 48 Highway
20f. CITY, TOWN, OR LOCATION COUNTY STATE Jackson Mo

21. I attended the deceased from _____ to _____ and last saw he/him alive on _____
Death occurred at 5:13 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Hagh O'Owens Corner
22b. ADDRESS 152 Junction Station
22c. DATE SIGNED 10-24-60

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal
23b. DATE: Oct.24,1960
23c. NAME OF CEMETERY OR CREMATORY
23d. LOCATION (City, town, or county) (State): Richmond, California

24. FUNERAL DIRECTOR: Geo.C.Carson & Sons ADDRESS: Independence, Mo.
25. DATE RECD. BY LOCAL REG.: 10-24-60
26. REGISTRAR'S SIGNATURE: James [illegible]

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

NOV 3 1966

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed b

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed _____

Signature of Student Embalmer

Licensed Embalmer No. 4697

P. O. Address _____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to 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.