

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-023004

STATE FILE NUMBER

Registration District No. 360 Primary Registration District No. 6226 Registrar's No. 83

DO NOT WRITE ON THIS STUB

AMENDED

FILED MAY 17 1963

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Rev. 4/59

1/080

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <b>Vernon</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Kansas</b> b. COUNTY <b>Linn</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Cole Township</b>		c. CITY OR TOWN <b>Pleasanton</b>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>U. S. Highway 54 &amp; Kansas</b>		d. STREET ADDRESS (If outside, give location) <b>-----</b>	
3. NAME OF DECEASED (Type or print) First Middle Last <b>Richard Dwight Smith</b>		4. DATE OF DEATH Month Day Year <b>May 5, 1963</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>Caus</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>Nov 26, 1913</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Farming</b>	
11. BIRTHPLACE (City and state or country) <b>Moran, Kansas</b>		12. CITIZEN OF WHAT COUNTRY <b>USA</b>	
13a. FATHER'S NAME <b>Willard Smith</b>		13b. MOTHER'S MAIDEN NAME <b>Bertha Delzel</b>	
14. NAME OF HUSBAND OR WIFE <b>Faith Smith</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates) <b>X</b>	
16. SOCIAL SECURITY NO. <b>7</b>		17. INFORMANT Address <b>Mrs Faith Smith (Wife) Pleasanton, Kans</b>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>skull fracture; massive crushing of chest with</b>			INTERVAL BETWEEN ONSET AND DEATH <b>sudden</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>multiple fractures of ribs; broken rt. shoulder</b>			
DUE TO (c) <b>-----</b>			
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.) <b>two car collision on U. S. Highway 54, 1/2 mile east</b>	
20c. TIME OF INJURY Hour Month, Day, Year <b>4:30 p.m., May 5, 1963</b>			
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.) <b>U. S. Highway 54</b>	
20f. CITY, TOWN, OR LOCATION <b>Cole Township, Vernon, Missouri</b>		20g. COUNTY STATE <b>Missouri</b>	
21. I attended the deceased from <b>4:30</b> to <b>never</b> and last saw him alive on <b>May 5, 1963</b> Death occurred at <b>4:30 p.m.</b> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <b>L. Nevada Ferry, Coroner</b>		22b. ADDRESS <b>Nevada, Missouri</b>	
22c. DATE SIGNED <b>5-13-1963</b>		23. LOCATION (City, town, or county) (State) <b>Mound City, Kansas</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>May 9, 1963</b>	
23c. NAME OF CEMETERY OR CREMATORY <b>Mound City Cemetery</b>		23d. LOCATION (City, town, or county) (State) <b>Mound City, Kansas</b>	
24. FUNERAL DIRECTOR ADDRESS <b>CHENEY FUNERAL CHAPEL FT SCOTT, KANSAS Richard L. Griffin</b>		25. DATE RECD. BY LOCAL REG. <b>5-14-63</b>	
26. REGISTRAR'S SIGNATURE <b>Arman E. Ferry</b>			

USE BLACK INK OR TYPEWRITER RIBBON

MAY 24 1963

JUN 19 1963

OCT 8 1963

**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

*Richard L. Griffin*  
**RICHARD L. GRIFFIN**

Licensed Embalmer No. 5053

P. O. Address Ft Scott, Kansas

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.