

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-021894

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

30

Primary Registration District No.

5103

Registrar's No.

39

FILED JUL 9 1962

1. PLACE OF DEATH

a. COUNTY

Benton

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN

WARSAW Lindsey

Length of stay in lb

minutes

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION

U.S. Highway 65

Inside Limits

Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

MO

b. COUNTY

JACKSON

admission)

c. CITY

OR TOWN

KANSAS City

Inside Limits

Yes ☒ No ☐

d. STREET ADDRESS

(If outside, give location)
5616 E 60th

Reside on Farm

Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)

First

Middle

Last

HOLLIE E SMITHERMAN

4. DATE OF DEATH

Month

Day

Year

July 1 1962

5. SEX

male

6. COLOR OR RACE

white

7. Married ☐Never Married ☐Widowed ☒Divorced ☐

8. DATE OF BIRTH

Nov 17, 1874

9. AGE (last birthday)

88

10. UNDER 1 YEAR IF UNDER 24 HR

Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Ret. Farmer

10b. KIND OF BUSINESS OR INDUSTRY

Farm owner

11. BIRTHPLACE (City and state or country)

West Virginia

12. CITIZEN OF WHAT COUNTRY

U.S.A

13a. FATHER'S NAME

Ben Smitherman

13b. MOTHER'S MAIDEN NAME

Lucinda unknown

14. NAME OF HUSBAND OR WIFE

Deceased

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

no

16. SOCIAL SECURITY NO.

None

17. INFORMANT

Flourance Loun, muncie, Kansas

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Fracture of Skull x

(15 minutes)

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

Internal injury to R Lung & Chest

DUE TO (c)

One Car Accident

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 ☐ Unknown19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT SUICIDE HOMICIDE

X

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

Car run off highway 65 into ditch x

20c. TIME OF INJURY

Hour 5:00

Month, Day, Year

1 July 1962

20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

Ford - driver John Benefield (Grandson)

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

U.S. Highway 65

20f. CITY, TOWN, OR LOCATION

5 miles South Warsaw

COUNTY

BENTON Co, Mo

STATE

MO

21. I attended the deceased from

never

to

never

and last saw her

him alive on

never

never

Death occurred at

5:20 PM

on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

John J. Reser

(Degree or title)

(Benton Co Coroner)

22b. ADDRESS

Warsaw, Mo

22c. DATE SIGNED

7/1/62

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

July 5, 1962

23c. NAME OF CEMETERY OR CREMATORY

White Chapel Cemetery

23d. LOCATION (City, town, or county)

Kansas City, Jackson Co, Mo

23e. (State)

MO

24. FUNERAL DIRECTOR

Freeman mortuary

ADDRESS

104 West 42nd St

25. DATE RECD. BY LOCAL REG.

July 3-1962

26. REGISTRAR'S SIGNATURE

Jas. A. Logan

BY AFFIDAVIT OF

Jas. A. Logan

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

VS 300
Rev. 4/59

1 0080

2 3788

3

4 0

5 2

6

7 1

8 2

9 X

10

11 008

12 91.3

13 1-0

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 John F. Reser

Licensed Embalmer No. 4098

P. O. Address Warsaw

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.