No. 300
10-48

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

FILED FEB 14 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 3515

BIRTH NO. _____ REG. DIST. NO. 320 PRIMARY REG. DIST. NO. 6081 Registrar's No. 6

1. PLACE OF DEATH
a. COUNTY: STE. GENEVIEVE
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): FARMINGTON RR 2
c. LENGTH OF STAY (in this place): LIFE
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): FARMINGTON, RR 2

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: M.O. b. COUNTY: STE GENEVIEVE
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Union Twp
d. STREET ADDRESS (If rural, give location): FARMINGTON, MO.

3. NAME OF DECEASED (Type or Print): a. (First) CORA b. (Middle) ANN c. (Last) SMITH

4. DATE OF DEATH: (Month) 1 (Day) 18 (Year) 1950

5. SEX: FEMAL

6. COLOR OR RACE: WHITE

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): WIDOWED 2

8. DATE OF BIRTH: Aug. 25, 1871

9. AGE (In years last birthday): 78 IF UNDER 1 YEAR Months: 4 Days: 23 IF UNDER 24 HRS. Hours: Min.:

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

10b. KIND OF BUSINESS OR INDUSTRY: NONE

11. BIRTHPLACE (State or foreign country): ST. FRANCOIS CO. MO.

12. CITIZEN OF WHAT COUNTRY?: U.S.

13a. FATHER'S NAME: JAMES HOMES

13b. MOTHER'S MAIDEN NAME: MARY MC CLANAHAM

14. NAME OF HUSBAND OR WIFE: JOSEPH SMITH

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.: None

17. INFORMANT'S SIGNATURE OR NAME ADDRESS: Elbert Smith Ideal, Mo.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Apoplexy — INTERVAL BETWEEN ONSET AND DEATH: 45 minutes

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arterial Sclerosis + Hypertension — 7 years
DUE TO (c) —

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. — 334X

19a. DATE OF OPERATION: —
19b. MAJOR FINDINGS OF OPERATION: —
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* Jan 1943, *to* Jan 18, 1950, *that I last saw the deceased alive on* Jan 18, 1950, *and that death occurred at* 12:30 Pm., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Dr. O. H. Walkins M.D. **23b. ADDRESS**: Farmington Mo **23c. DATE SIGNED**: 1-23-50

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL **24b. DATE**: 1-21-50 **24c. NAME OF CEMETERY OR CREMATORY**: SALEM CEMETERY **24d. LOCATION** (City, town, or county) (State): STE GENEVIEVE Co. MO.

DATE REC'D BY LOCAL REG.: Feby. 1, 1950 **REGISTRAR'S SIGNATURE**: L. D. Karl per Theresa M. Karl **25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS**: C. L. Boyer & Son Ideal Mo

(Licensed Embalmer's Statement on Reverse Side)

File No. 25a-197

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 .....
Student Embalmer

Signed C. J. Boyer

Licensed Embalmer No. 1671

P. O. Address Dubuque, Iowa

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 this body is not embalmed, fact should be so stated above.