

FILED JUN 30 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

21683

State File No. _____

BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 6075 Registrar's No. 198

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

1. PLACE OF DEATH a. COUNTY <u>ST. FRANCOIS</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>ST. FRANCOIS</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>RURAL ST. FRANCOIS TWP.</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>RURAL MARION TWP</u>	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location) <u>R-1 BONNE TERRE</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>OSTEOPATHIC HOSPITAL</u>			

3. NAME OF DECEASED a. (First) <u>ANDREW</u>		b. (Middle) <u>JACKSON</u>		c. (Last) <u>SMITH</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>JUNE 21 1952</u>	
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>		8. DATE OF BIRTH <u>SEPT. 26. 1870</u>	
9. AGE (In years) (Month) (Day) (Hour) (Min.) <u>80 6 25</u>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMING</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>✓</u>		11. BIRTHPLACE (State or foreign country) <u>ST. FRANCOIS Co. Mo.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>MORGAN SMITH</u>		13b. MOTHER'S MAIDEN NAME <u>LOUISA DEGRANT</u>		14. NAME OF HUSBAND OR WIFE <u>ELBA SMITH</u>	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME <u>ELBA SMITH</u>		ADDRESS <u>R. 1 BONNE TERRE MO</u>	
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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, asthma, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hypertatic Pneumonia</u>		INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) <u>myocarditis & Coronary</u>		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		3 mo.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	

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) <u>4222</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR	

22. I hereby certify that I attended the deceased from June 20 to June 21, 1952, that I last saw the deceased alive on June 21, 1952, and that death occurred at 12:20 P.M., from the causes and on the date stated above.

23a. SIGNATURE <u>L. M. Harrell</u>		23b. ADDRESS <u>Farmington Mo.</u>		23c. DATE SIGNED <u>6/23/52</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>JUNE 23. 1952</u>		24c. NAME OF CEMETERY OR CREMATORY <u>THREE RIVERS</u>		24d. LOCATION (City, town, or county) (State) <u>R2 FARMINGTON MO</u>	
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DATE REC'D BY LOCAL REG. <u>June 23, 1952</u>		REGISTRAR'S SIGNATURE <u>Esther R. Riddick</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Benjamin H. C. Conner</u>		ADDRESS <u>St. Louis Mo</u>	
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(Licensed Embalmer's Statement on Reverse Side)

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 _____

working under my personal supervision.

Student Embalmer No.

Signed

Clarence J. Lagwell

Signed.....
Student Embalmer

Licensed Embalmer No. *3706*

P. O. Address *Lincoln Ave. W.*

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.