Health, Welfare Public Service

300 1-56

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, Coroner, etc. must use only standard nomenclature in Item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-037523
STATE FILE NUMBER

FILED NOV 3 1958 Registration District No. 316 Primary Registration District No. 3059 Registrar's No. 398

1. PLACE OF DEATH a. COUNTY: St. Francois b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Bonne Terre — Inside Limits: Yes # No ☐ c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Bonne Terre Hospital — Length of stay in 1b: 2 days	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE: Missouri b. COUNTY: St. Francois c. CITY OR TOWN: Farmington 0941 — Inside Limits: Yes # No ☐ d. STREET ADDRESS (If outside, give location): 406 S. Washington — Reside on Farm: Yes ☐ No #

3. NAME OF DECEASED (Type or print)	First: James [illegible]	Middle: Loemon	Last: Smith	4. DATE OF DEATH	Month: October	Day: 23 Year: 1958
5. SEX: Male	6. COLOR OR RACE: White	7. MARRIED ☐ NEVER MARRIED ☑ # WIDOWED ☐ DIVORCED ☐	8. DATE OF BIRTH: March 3, 1895	9. AGE (In years last birthday): 63	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer and Custodian	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country): Ste Genevieve Co., Mo.	12. CITIZEN OF WHAT COUNTRY?: USA			
13. FATHER'S NAME: Joel Smith		14. MOTHER'S MAIDEN NAME: Cora Ann Holmes				
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.: 498-34-1147	17. INFORMANT: Mrs. Maude Smith	Address: Farmington, Missouri		

MEDICAL CERTIFICATION

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

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a): Bronchopneumonia — INTERVAL BETWEEN ONSET AND DEATH: 4 days.

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

DUE TO (b): Pulmonary Emphysema — 5 yrs.

DUE TO (c): 5271

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a): Cor Pulmonale

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒ 2

20a. ACCIDENT ☐	SUICIDE ☐	HOMICIDE ☐	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)
20c. TIME OF INJURY: Hour a. m. p. m.	Month, Day, Year		
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.)	20f. CITY, TOWN, OR LOCATION	COUNTY / STATE

21. I attended the deceased from Oct 1953, to 10-23-58 and last saw him alive on 10-22-58

Death occurred at 8:35 A m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): C. E. Coulter, M.D.	22b. ADDRESS: Farmington, Mo	22c. DATE SIGNED: 10-24-58	
23a. BURIAL, CREMATION, REMOVAL (Specify): Burial	23b. DATE: 10/25/58	23c. NAME OF CEMETERY OR CREMATORY: Salem Cemetery	23d. LOCATION (City, town, or county) (State): Farmington Missouri
24. FUNERAL DIRECTOR ADDRESS: Miller Funeral Home Farmington, Mo.	25. DATE RECD. BY LOCAL REG.: Oct. 29 1958	26. REGISTRAR'S SIGNATURE: Esther Rudloff	

(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 em

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed. Paul K Dugal.....

Licensed Embalmer No. 412

P. O. Address. Fairmont

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