

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

40126

State File No.

FILED DEC 7 1953

BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 3073 Registrar's No. 409

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| 1. PLACE OF DEATH a. COUNTY <u>ST. FRANCOIS Co</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 OR TOWN <u>BONNETERRE RURAL</u> | c. LENGTH OF STAY (in this place) | c. CITY OR TOWN <u>BONNETERRE R.R. 1</u> | d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>RED #1 PERRY TWP.</u> | | e. STREET ADDRESS (If rural, give location) <u>0940</u> | |

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| 3. NAME OF DECEASED (Type or Print) a. (First) <u>ELYA</u> b. (Middle) <u>MAY</u> c. (Last) <u>SMITH</u> | | 4. DATE OF DEATH (Month) (Day) (Year) <u>NOV. 26 1953</u> | |
| 5. SEX <u>Female</u> | 6. COLOR OR RACE <u>WHITE</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) | 8. DATE OF BIRTH (last birthday) <u>MAY 25 1875</u> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSE WIFE</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>HOUSE WORK</u> | 9. AGE (In years last birthday) <u>78</u> 11. BIRTHPLACE (City and State or Foreign Country) <u>HAZEL RUN, Mo.</u> |
| | | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> | |

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| 13a. FATHER'S NAME <u>JAMES D MORRIS</u> | 13b. MOTHER'S MAIDEN NAME <u>MARY MOSTELLER</u> | 14. NAME OF HUSBAND OR WIFE <u>ANDREW SMITH</u> |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>No</u> | 16. SOCIAL SECURITY NO. <u>None</u> | 17. INFORMANT'S SIGNATURE OR NAME <u>MRS. MYRTLE TURLEY R.R. 1 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>Arterio sclerotic Heart Disease</u> | | INTERVAL BETWEEN ONSET AND DEATH |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arterio sclerosis</u> | | |
| | DUE TO (c) | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | |

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| 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>4200</u> |

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| 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? |
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22. I hereby certify that I attended the deceased from Nov 26, 1953, to Nov 26, 1953, that I last saw the deceased alive on Nov 26, 1953, and that death occurred at 4:30 P.M., from the causes and on the date stated above.

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| 23a. SIGNATURE (Degree or title) <u>C. H. Appleberry M.D.</u> | 23b. ADDRESS <u>Flour River MO</u> | 23c. DATE SIGNED <u>12-2-53</u> |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u> | 24b. DATE <u>11-28-53</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>THREE RIVERS CEM.</u> | 24d. LOCATION (City, town, or county) (State) <u>St. Genevieve Co. Mo.</u> |
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| DATE REC'D BY LOCAL REG. <u>Dec. 2, 1953</u> | REGISTRAR'S SIGNATURE <u>Eather Rudloff</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Benham Funeral Home, Bonne Terre, Mo.</u> | ADDRESS |
|---|--|--|---------|

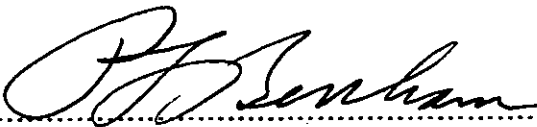
WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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.....


Licensed Embalmer No. 337

P. O. Address *Bonham, Va.*

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.