

FILED JUN 7 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 16994

S. No. 300  
v. 10-48

BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 3060 Registrar's No. 187

|                                                                                                     |  |                                                                                                                                                 |  |
|-----------------------------------------------------------------------------------------------------|--|-------------------------------------------------------------------------------------------------------------------------------------------------|--|
| 1. PLACE OF DEATH<br>a. COUNTY <b>ST. FRANCIS</b>                                                   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <b>MISSOURI</b> b. COUNTY <b>ST. FRANCIS</b> |  |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>FARMINGTON, Mo.</b> |  | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>FARMINGTON</b>                                                  |  |
| c. LENGTH OF STAY (in this place)                                                                   |  | d. STREET ADDRESS (If rural, give location)                                                                                                     |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION                                                             |  |                                                                                                                                                 |  |

|                                                                                                                  |  |  |                                                             |  |  |
|------------------------------------------------------------------------------------------------------------------|--|--|-------------------------------------------------------------|--|--|
| 3. NAME OF DECEASED (Type or Print)<br>a. (First) <b>LYDIA</b> b. (Middle) <b>FRANCIS</b> c. (Last) <b>SMITH</b> |  |  | 4. DATE OF DEATH (Month) (Day) (Year)<br><b>MAY 29 1949</b> |  |  |
|------------------------------------------------------------------------------------------------------------------|--|--|-------------------------------------------------------------|--|--|

|                      |                               |                                                                                           |                                      |                                           |                                               |                                             |
|----------------------|-------------------------------|-------------------------------------------------------------------------------------------|--------------------------------------|-------------------------------------------|-----------------------------------------------|---------------------------------------------|
| 5. SEX <b>FEMALE</b> | 6. COLOR OR RACE <b>WHITE</b> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, <del>MARRIED</del> <b>WIDOWED</b> (Specify) | 8. DATE OF BIRTH <b>SEPT 27 1874</b> | 9. AGE (In years last birthday) <b>74</b> | if UNDER 1 YEAR Months <b>8</b> Days <b>2</b> | if UNDER 24 HRS. Hours <b></b> Min. <b></b> |
|----------------------|-------------------------------|-------------------------------------------------------------------------------------------|--------------------------------------|-------------------------------------------|-----------------------------------------------|---------------------------------------------|

|                                                                                                               |                                                       |                                                                      |                                               |
|---------------------------------------------------------------------------------------------------------------|-------------------------------------------------------|----------------------------------------------------------------------|-----------------------------------------------|
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>retired</b> | 10b. KIND OF BUSINESS OR INDUSTRY<br><b>Housewife</b> | 11. BIRTHPLACE (State or foreign country)<br><b>NASHVILLE, TENN.</b> | 12. CITIZEN OF WHAT COUNTRY?<br><b>U.S.A.</b> |
|---------------------------------------------------------------------------------------------------------------|-------------------------------------------------------|----------------------------------------------------------------------|-----------------------------------------------|

|                                            |                                                  |                                                     |
|--------------------------------------------|--------------------------------------------------|-----------------------------------------------------|
| 13a. FATHER'S NAME<br><b>STEPHEN CREWS</b> | 13b. MOTHER'S MAIDEN NAME<br><b>NANCY WATLEY</b> | 14. NAME OF HUSBAND OR WIFE<br><b>EZEKIEL SMITH</b> |
|--------------------------------------------|--------------------------------------------------|-----------------------------------------------------|

|                                                                              |                                     |                                                           |                              |
|------------------------------------------------------------------------------|-------------------------------------|-----------------------------------------------------------|------------------------------|
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No.</b> | 16. SOCIAL SECURITY NO. <b>None</b> | 17. INFORMANT'S SIGNATURE OR NAME<br><b>Leonard Smith</b> | ADDRESS<br><b>Farmington</b> |
|------------------------------------------------------------------------------|-------------------------------------|-----------------------------------------------------------|------------------------------|

|                                                                                                                                                                                                                                 |                                                                                                                                                                          |  |                                                    |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------|
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death. | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral Hemorrhage.</b>                                                                                       |  | INTERVAL BETWEEN ONSET AND DEATH<br><b>10 days</b> |
|                                                                                                                                                                                                                                 | ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) <b>Cardio-Vascular-Renal Disease</b> |  |                                                    |
|                                                                                                                                                                                                                                 | DUE TO (c) <b>—</b>                                                                                                                                                      |  |                                                    |
| II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death.                                                                                             |                                                                                                                                                                          |  | <b>442X</b>                                        |

|                        |                                  |                                                                                     |
|------------------------|----------------------------------|-------------------------------------------------------------------------------------|
| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY?<br>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)<br><b>Farmington Missouri Mo.</b> |
| 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 1, 1946, to May 29, 1949, that I last saw the deceased alive on May 28, 1949, and that death occurred at 7-9 p.m., from the causes and on the date stated above.

|                                                 |                   |                                       |                                    |
|-------------------------------------------------|-------------------|---------------------------------------|------------------------------------|
| 23a. SIGNATURE<br><b>D. Leo L. Watkins M.D.</b> | (Degree or title) | 23b. ADDRESS<br><b>Farmington Mo.</b> | 23c. DATE SIGNED<br><b>5-31-49</b> |
|-------------------------------------------------|-------------------|---------------------------------------|------------------------------------|

|                                                            |                                 |                                                             |                                                                             |
|------------------------------------------------------------|---------------------------------|-------------------------------------------------------------|-----------------------------------------------------------------------------|
| 24a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>BURIAL</b> | 24b. DATE<br><b>MAY 31 1949</b> | 24c. NAME OF CEMETERY OR CREMATORY<br><b>SMITH CEMETERY</b> | 24d. LOCATION (City, town, or county) (State)<br><b>NEAR FARMINGTON MO.</b> |
|------------------------------------------------------------|---------------------------------|-------------------------------------------------------------|-----------------------------------------------------------------------------|

|                                                 |                                               |                                                    |                                  |
|-------------------------------------------------|-----------------------------------------------|----------------------------------------------------|----------------------------------|
| DATE REC'D BY LOCAL REG.<br><b>May 31, 1949</b> | REGISTRAR'S SIGNATURE<br><b>Ethel Rudloff</b> | 25. FUNERAL DIRECTOR'S SIGNATURE<br><b>C. Hoze</b> | ADDRESS<br><b>Farmington Mo.</b> |
|-------------------------------------------------|-----------------------------------------------|----------------------------------------------------|----------------------------------|

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

District Health Officer No. 4

District File Number 649-26

Date Filed 6-6-49

**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. Hozean*

Licensed Embalmer No. 4084

P. O. Address Farmington, Miss.

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.