S: No. 300
V. 10-48

FILED FEB 24 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 5881

BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 3059 Registrar's No. 44

1. PLACE OF DEATH
a. COUNTY: ST. FRANCOIS
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BONNE TERRE
c. LENGTH OF STAY (In this place): 3 WKS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): BONNE TERRE HOSP.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE: MISSOURI
b. COUNTY: ST FRANCOIS
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): FARMINGTON 0941
d. STREET ADDRESS (If rural, give location): 0

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

4. DATE OF DEATH: (Month) FEB (Day) 12 (Year) 1950

5. SEX: FEMALE
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED
8. DATE OF BIRTH: DEC 27 1902
9. AGE (In years last birthday): 47 — IF UNDER 1 YEAR: Months 1, Days 15 — IF UNDER 1 DAY: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWIFE
10b. KIND OF BUSINESS OR INDUSTRY: 0
11. BIRTHPLACE (State or foreign country): ST. FRANCOIS CTY MO. USA.
12. CITIZEN OF WHAT COUNTRY?

13a. FATHER'S NAME: EDWARD COX
13b. MOTHER'S MAIDEN NAME: MARTHA McFARLAND
14. NAME OF HUSBAND OR WIFE: LEONARD 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: LEONARD SMITH ADDRESS: FARMINGTON MO.

MEDICAL CERTIFICATION

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.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerotic Heart Disease — INTERVAL BETWEEN ONSET AND DEATH: 4 YEARS

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS: aortic embolism — 4 weeks

Conditions contributing to the death but not related to the disease or condition causing death.

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 12, 1950, *to* Feb 12, 1950, *that I last saw the deceased alive on* Feb 12, 1950, *and that death occurred at* 12 p. m., *from the causes and on the date stated above.*

23a. SIGNATURE: [signature] (Degree or title) M.D.
23b. ADDRESS: Farmington, Mo
23c. DATE SIGNED: 2-14-50

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: FEB 15 1950
24c. NAME OF CEMETERY OR CREMATORY: PARKVIEW
24d. LOCATION (City, town, or county) (State): NEAR FARMINGTON

DATE REC'D BY LOCAL REG.: Feb. 15, 1950
REGISTRAR'S SIGNATURE: Esther Rudloff
25. FUNERAL DIRECTOR'S SIGNATURE: [signature] ADDRESS: Farmington, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

FEB 21 1950

DISTRICT HEALTH OFFICE No. 4

File No. 250-243

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 H Cozean

Licensed Embalmer No. 4084

P. O. Address Farmington Mo

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.