

FILED MAY 17 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 17922

BIRTH NO. <u>124</u>		REG. DIST. NO. <u>316</u>		PRIMARY REG. DIST. NO. <u>3061</u>		Registrar's No. <u>176</u>		
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) OR TOWN <u>Flat River</u>		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Flat River</u>		1942		
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location) <u>110 6th. st.</u>				
3. NAME OF DECEASED (Type or Print)			a. (First) <u>SIMON</u>			b. (Middle) <u>PETER</u>		
			c. (Last) <u>SMITH</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>May-11-1950</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>Aug-6-1894</u>		9. AGE (In years last birthday) <u>55</u>	IF UNDER 1 YEAR Months <u>9</u>	IF UNDER 1 HR. Days <u>5</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>miner</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>lead</u>		11. BIRTHPLACE (State or foreign country) <u>Iron Co. Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>		
13a. FATHER'S NAME <u>William Wesley Smith</u>			13b. MOTHER'S MAIDEN NAME <u>Lucy Ann Lawson</u>			14. NAME OF HUSBAND OR WIFE <u>Ollie Wilson Smith</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes War # 1</u>			16. SOCIAL SECURITY NO. <u>493-03-8796</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Ollie Smith</u>			ADDRESS <u>Flat River, Mo</u>
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma left lung</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____					INTERVAL BETWEEN ONSET AND DEATH <u>short period</u>	
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					1/3x	
19a. DATE OF OPERATION <u>2/27/50</u>		19b. MAJOR FINDINGS OF OPERATION <u>Carcinoma left lung</u>					20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., at home, farm, factory, street, office, etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)				
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 <u>April 15, 1950</u> , to <u>May 10, 1950</u> , that I last saw the deceased alive on <u>May 10, 1950</u> , and that death occurred at <u>1:00 A.M.</u> , from the causes and on the date stated above.								
23a. SIGNATURE <u>W. A. Ralphy, D.D.</u>				23b. ADDRESS <u>Flat River, Mo.</u>		23c. DATE SIGNED <u>5/11/50</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>May-13-1950</u>	24c. NAME OF CEMETERY OR CREMATORY <u>St. Francois Memo</u>		24d. LOCATION (City, town, or county) (State) <u>St. Francois Co. Mo</u>			
DATE REC'D BY LOCAL REG. <u>May 12, 1950</u>		REGISTRAR'S SIGNATURE <u>Esther Rudloff</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>SPARKS</u>		ADDRESS <u>Flat River, Mo</u>		

(Licensed Embalmer's Statement on Reverse Side)

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

JUN 16 1950

MAY 23 1950

RECEIVED

MAY 15 1950

HEALTH OFFICE No. 4

FILE No. 550-695

MAY 24 1950

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 *Murphy* \_\_\_\_\_

Licensed Embalmer No. *4536*

P. O. Address *117 River St*

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.