

FILED DEC 2 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 38199

BIRTH NO. 124 REG. DIST. NO. 311 PRIMARY REG. DIST. NO. 3059 Registrar's No. 370

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| 1. PLACE OF DEATH a. COUNTY St. Francois | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY St. Francois | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Bonne Terre | c. LENGTH OF STAY (in this place) 2 weeks | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Esther | d. STREET ADDRESS (If rural, give location) 701 4th Street |
| d. FULL NAME OF HOSPITAL OR INSTITUTION Bonne Terre Hospital | | | |

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| 3. NAME OF DECEASED (Type or Print) a. (First) Lillian b. (Middle) Emma c. (Last) Smith | | | 4. DATE OF DEATH (Month) (Day) (Year) November 15 1950 | | |
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|-------------------------|----------------------------------|--|--|--|--|--|
| 5. SEX Female | 6. COLOR OR RACE white | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married | 8. DATE OF BIRTH April 8, 1907 | 9. AGE (In years last birthday) 43 | IF UNDER 1 YEAR Months 2 Days 7 | IF UNDER 24 HRS. Hours Min. |
|-------------------------|----------------------------------|--|--|--|--|--|

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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) School Teacher | 10b. KIND OF BUSINESS OR INDUSTRY Public Schools | 11. BIRTHPLACE (State or foreign country) Esther, Missouri | 12. CITIZEN OF WHAT COUNTRY? U S |
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| 13a. FATHER'S NAME Clint Bone | 13b. MOTHER'S MAIDEN NAME Mary Ellen Newcomb | 14. NAME OF HUSBAND OR WIFE Charles H. Smith |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no. | 16. SOCIAL SECURITY NO. none | 17. INFORMANT'S SIGNATURE OR NAME Charles H. Smith | ADDRESS Esther, Missouri |
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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. | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage 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 14 days |
| | II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | 33A |

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|------------------------|----------------------------------|---|
| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
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| 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) |
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| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) | 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 1, 1950, to Nov 15, 1950, that I last saw the deceased alive on Nov 15, 1950, and that death occurred at 8:25 a.m., from the causes and on the date stated above.

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| 23a. SIGNATURE (Degree or title) C. H. Appleberry M.D. | 23b. ADDRESS Flour River MO | 23c. DATE SIGNED 11-17-50 |
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|--|------------------------------|--|---|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) burial | 24b. DATE 11-17-50 | 24c. NAME OF CEMETERY OR CREMATORY Park View | 24d. LOCATION (City, town, or county) (State) Warminston, MO. |
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| DATE REC'D BY LOCAL REG. Nov 18-1950 | REGISTRAR'S SIGNATURE Esther Rudloff | 25. FUNERAL DIRECTOR'S SIGNATURE C.Z. Boyer & Son | ADDRESS Desloge, MO. |
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

0941

0940

File No. _____

DISTRICT HEALTH OFFICE No. 4

NOV 27 1950

RECEIVED

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 _____

working under my personal supervision.

Student Embalmer No.

Signed.....
Student Embalmer

Signed *C. Z. Boyer*

Licensed Embalmer No. *1671*

P. O. Address *Desloge, 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.