

FILED AUG 13 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 24211

BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 6075 Registrar's No. 259

|   |  |  |  |
|---|--|--|--|
| 1. PLACE OF DEATH<br>a. COUNTY <b>St. Francois</b>  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <b>Missouri</b> b. COUNTY <b>Cape Girardeau</b> |  |
| b. CITY (If outside corporate limits, write RURAL and give town) OR TOWN <b>Farmington St. Francois</b> |  | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Cape Girardeau</b>   |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Missouri State Hospital No.</b>                              |  | d. STREET ADDRESS (If rural, give location) <b>328 So. Spanish</b>   |  |

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|--|--|--|--|--|--|
| 3. NAME OF DECEASED (Type or Print)<br>a. (First) <b>WARD</b> b. (Middle) c. (Last) <b>SMITH</b> |  |  | 4. DATE OF DEATH (Month) (Day) (Year)<br><b>August 3, 1951</b> |  |  |
|--|--|--|--|--|--|

|                    |                               |   |                                       |   |  |                                       |
|--------------------|-------------------------------|---|---------------------------------------|---|--|---------------------------------------|
| 5. SEX <b>Male</b> | 6. COLOR OR RACE <b>White</b> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b> | 8. DATE OF BIRTH <b>Jan. 21, 1877</b> | 9. AGE (In years last birthday) <b>74</b> | IF UNDER 1 YEAR Months <b>6</b> Days <b>13</b> | IF UNDER 24 HRS. Hours <b>13</b> Min. |
|--------------------|-------------------------------|---|---------------------------------------|---|--|---------------------------------------|

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

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|---|---|--|
| 13a. FATHER'S NAME <b>Casaway Smith</b> | 13b. MOTHER'S MAIDEN NAME <b>Martha Ann Worsley</b> | 14. NAME OF HUSBAND OR WIFE <b>Delia Hawkins</b> |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b> (If yes, give war or dates of service) | 16. SOCIAL SECURITY NO. <b>Unknown</b> | 17. INFORMANT'S SIGNATURE OR NAME <b>Records State Hospital No. 4, Farmington, Mo.</b> ADDRESS |
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|   |   |  |                                  |
|---|---|--|----------------------------------|
| 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, asphyxia, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION   |  | INTERVAL BETWEEN ONSET AND DEATH |
|   | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Acute Coronary thrombosis - - - - -</b>   |  | <b>Instantaneous.</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>Arteriosclerotic Heart Disease - -</b><br>DUE TO (c) |  | <b>Unknown.</b>                  |
| II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death. <b>Psychosis with cerebral arteriosclerosis.</b>  |   |  |                                  |

|                        |                                  |   |
|------------------------|----------------------------------|---|
| 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) |
|--|--|---|

|  |  |                            |
|--|--|----------------------------|
| 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? |
|--|--|----------------------------|

22. I hereby certify that I attended the deceased from July 18, 19 51 to August 3, 19 51, that I last saw the deceased alive on August 3, 19 51, and that death occurred at 7:45 A. m., from the causes and on the date stated above.

|  |   |                                |
|--|---|--------------------------------|
| 23a. SIGNATURE <i>John A. Brennan M.D.</i> (Degree or title) | 23b. ADDRESS <b>State Hospital No. 4, Farmington, Mo.</b> | 23c. DATE SIGNED <b>8-4-51</b> |
|--|---|--------------------------------|

|   |                         |  |   |
|---|-------------------------|--|---|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b> | 24b. DATE <b>8-5-51</b> | 24c. NAME OF CEMETERY OR CREMATORY <b>Oakdale Cemetery</b> | 24d. LOCATION (City, town, or county) (State) <b>Commerce, Missouri</b> |
|---|-------------------------|--|---|

|   |   |   |
|---|---|---|
| DATE REC'D BY LOCAL REG. <b>Aug 6, 1951</b> | REGISTRAR'S SIGNATURE <i>Eather Rudloff</i> | 25. FUNERAL DIRECTOR'S SIGNATURE <b>Haman Funeral Home, Cape Girardeau, Mo.</b> ADDRESS |
|---|---|---|

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

File No. \_\_\_\_\_  
DISTRICT HEALTH OFFICE No. \_\_\_\_\_

AUG 9 1951

RECEIVED

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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 \_\_\_\_\_  
Student Embalmer

Signed Paul Kuyal

Licensed Embalmer No. 4129

P. O. Address Leominster 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.