S. No. 300
Rev. 10.48

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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED DEC 1 1951

State File No. 39746

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 10276

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Louis, Mo
c. LENGTH OF STAY (in this place): 14 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Frisco Hospital (Frisco Employees Hosp. Assn)

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo.
b. COUNTY: Lawrence
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Cabool
d. STREET ADDRESS (If rural, give location): None - PO Box 114

3. NAME OF DECEASED (Type or Print): a. (First) Clarence b. (Middle) Edward c. (Last) Smith

4. DATE OF DEATH (Month) (Day) (Year): Nov. 18, 1951

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Jan. 7, 1885
9. AGE (In years last birthday): 66 — IF UNDER 1 YEAR: Months 10, Days 11; IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Ass't Foreman of Section
10b. KIND OF BUSINESS OR INDUSTRY: Railroad gang
11. BIRTHPLACE (State or foreign country): Willow Springs, Mo
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Isaac Smith
13b. MOTHER'S MAIDEN NAME: IZORA Stuart Smith
14. NAME OF HUSBAND OR WIFE: Ethel G. Arells 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.: 702-03-8399
17. INFORMANT'S SIGNATURE OR NAME: Ethel G. Smith — **ADDRESS**: Cabool, Mo.

18. CAUSE OF DEATH — MEDICAL CERTIFICATION

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): Carcinoma of Lungs — INTERVAL BETWEEN ONSET AND DEATH: unknown

ANTECEDENT CAUSES

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

DUE TO (b): — 11 days +

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS

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

19a. DATE OF OPERATION: None
19b. MAJOR FINDINGS OF OPERATION: None
20. AUTOPSY? YES [X] 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? USX

22. *I hereby certify that I attended the deceased from* Nov. 4, 1951, *to* Nov. 18, 1951, *that I last saw the deceased alive on* Nov. 18, 1951, *and that death occurred at* 2:35 P.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Norman Miller MD
23b. ADDRESS: 4960 Laclede Ave.
23c. DATE SIGNED: 11-18-51

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: 11-19-51
24c. NAME OF CEMETERY OR CREMATORY: Willow Springs, Mo
24d. LOCATION (City, town, or county) (State): Willow Springs Cabool Mo

DATE REC'D BY LOCAL REG.: NOV 19 1951
REGISTRAR'S SIGNATURE: Earl Smith M.D.
25. FUNERAL DIRECTOR'S SIGNATURE — **ADDRESS**: Albert H. Hoppe 4700 Washington

(Licensed Embalmer's Statement on Reverse Side)

DEC 13

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 John S. Wennek

Licensed Embalmer No. 4194

P. O. Address .....

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.