

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 2497

S. No. 300 FILED JAN 23 1952
LV. 10.48

BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 3060 Registrar's No. 15

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 Farmington		c. LENGTH OF STAY (in this place)	
d. FULL NAME OF HOSPITAL OR INSTITUTION no		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Farmington Mo. 1941	
		d. STREET ADDRESS (If rural, give location) 6	

3. NAME OF DECEASED (Type or Print) a. (First) EZEKIEL	b. (Middle) WAYMAN	c. (Last) SMITH	4. DATE OF DEATH (Month) (Day) (Year) January 9 1952
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5. SEX male	6. COLOR OR RACE colored	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH May 22 1883	9. AGE (in years last birthday) Months Days 68 7 17	IF UNDER 1 YEAR Hours Min.	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) minister	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Randolph county Mo. 0	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Curtis Smith	13b. MOTHER'S MAIDEN NAME Francis Ganes	14. NAME OF HUSBAND OR WIFE Theresa Williams 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. No	17. INFORMANT'S SIGNATURE OR NAME Mrs. E.W. Smith	ADDRESS Farmington Mo.
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 5-10 min.
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral vascular accident		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Atherosclerotic heart disease ? few yrs DUE TO (c) Hypertensive cardiovascular disease ? few yrs		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 4200	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 Never 19 , to Never, 19 , that I last saw the deceased alive on Never, 19 , and that death occurred at 2:30 p.m., from the causes and on the date stated above.

23a. SIGNATURE J. Powell, M.D.	(Degree or title)	23b. ADDRESS Farmington, Mo.	23c. DATE SIGNED 1-9-52
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24a. BURIAL, CREMATION, REMOVAL (Specify) burial	24b. DATE JAN 14 1952	24c. NAME OF CEMETERY OR CREMATORY COLORED MASONIC	24d. LOCATION (City, town, or county) (State) FARMINGTON MO
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DATE REC'D BY LOCAL REG. Jan. 13, 1952	REGISTRAR'S SIGNATURE Ethel Pauloff	25. FUNERAL DIRECTOR'S SIGNATURE C.H. COZEAN	ADDRESS FARMINGTON MO
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(Licensed Embalmer's Statement on Reverse Side)

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

2941

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. Cozear*

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.