

STANDARD CERTIFICATE OF DEATH

State File No. 25493

BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 3059 Registrar's No. 230

1. PLACE OF DEATH
a. COUNTY ST. FRANCOIS 09413
b. CITY OR TOWN BONNE TERRE
d. FULL NAME OF HOSPITAL OR INSTITUTION ST. JOSEPH L.L.C. MACHINE SHOP

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE MISSOURI b. COUNTY ST. FRANCOIS
c. CITY OR TOWN BONNE TERRE 0941
d. STREET ADDRESS N. LONG ST.

3. NAME OF DECEASED a. (First) CLARENCE LAWRENCE b. (Middle) SMITH c. (Last) SMITH
4. DATE OF DEATH (Month) (Day) (Year) JULY 18, 1952

5. SEX MALE 6. COLOR OR RACE WHITE 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED
8. DATE OF BIRTH SEPT. 7, 1888 9. AGE (In years last birthday) 63 if under 1 year Months 10 Days 11

10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) MACHENIST
10b. KIND OF BUSINESS OR INDUSTRY ST. JOSEPH L.L.C.
11. BIRTHPLACE (State or foreign country) BONNE TERRE MO
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME JAMES SMITH 13b. MOTHER'S MAIDEN NAME REBECCA CARTEE 14. NAME OF HUSBAND OR WIFE MARY SMITH

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) NO (If yes, give war or date of service) NONE
16. SOCIAL SECURITY NO. 490-03-1432
17. INFORMANT'S SIGNATURE OR NAME ADDRESS MARY G. SMITH BONNE TERRE MO

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerotic Heart Disease
ANTECEDENT CAUSES
Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (c)
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
INTERVAL BETWEEN ONSET AND DEATH 1 year

19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 4200
20. AUTOPSY? YES [] NO [X]

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) 21e. INJURY OCCURRED WHILE AT WORK [] NOT WHILE AT WORK []
21f. HOW DID INJURY OCCUR

22. I hereby certify that I attended the deceased from Oct. 20, 1951, to July 13, 1952, that I last saw the deceased alive on July 13, 1952, and that death occurred at 7:30 P.M., from the causes and on the date stated above.

23a. SIGNATURE Marvin J. Haw J. (Degree or title) M.D. 23b. ADDRESS Bonne Terre, Mo 23c. DATE SIGNED 7/19/52

24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL 24b. DATE JULY 21, 1952 24c. NAME OF CEMETERY OR CREMATORY ST. JOSEPH'S 24d. LOCATION (City, town, or county) (State) BONNE TERRE MO

DATE REC'D BY LOCAL REG. JULY 19, 1952 REGISTRAR'S SIGNATURE Esther Rudolph 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS [Signature] Bonne Terre Mo

(Licensed Embalmer's Statement on Reverse Side)

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

FORM 4
1957

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 *Clarence J. Hayward*

Signed.....
Student Embalmer

Licensed Embalmer No. *13706*

P. O. Address *Boonville 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.