FILED NOV 17 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 40127

BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 6075 Registrar's No. 380

1. PLACE OF DEATH
a. COUNTY St.Francois
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Farmington Rural St.Francois
c. LENGTH OF STAY (In this place) 1Mo.;13das.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Missouri State Hospital No.4

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY Cape Girardeau
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Advance RURAL 0160 1
d. STREET ADDRESS (If rural, give location) Route 1

3. NAME OF DECEASED (Type or Print)
a. (First) THEODORE
b. (Middle) SYLVESTER
c. (Last) SMITH

4. DATE OF DEATH (Month) (Day) (Year) November 9,1953

5. SEX Male 0
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH February 4,1881
9. AGE (In years last birthday) 72 — If under 1 year: Months 9 Days 5 — If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and State or Foreign Country) Bollinger County, Missouri 0
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME John B. Smith
13b. MOTHER'S MAIDEN NAME Victoria E. Bennett
14. NAME OF HUSBAND OR WIFE Nora Acree (2nd wife)

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. None
17. INFORMANT'S SIGNATURE OR NAME Records,State Hospital No.4,Farmington,Mo. ADDRESS

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion - - - - - instantaneously.

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Arteriosclerotic Heart Disease - - Unknown.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* Psychosis with cerebral arterio-sclerosis

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION 4200
20. AUTOPSY? YES ☐ 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?

22. *I hereby certify that I attended the deceased from* July 17, 1953, *to* November 9, 1953, *that I last saw the deceased alive on* November 9, 1953, *and that death occurred at* 8:55A *m., from the causes and on the date stated above.*

23a. SIGNATURE John A. Brennan M.D. (Degree or title) 0
23b. ADDRESS State Hospital No.4,Farmington,Mo.
23c. DATE SIGNED 11-9-53

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE Nov.11,1953
24c. NAME OF CEMETERY OR CREMATORY Baker Cemetery
24d. LOCATION (City, town, or county) (State) Lutesville, Mo.

DATE REC'D BY LOCAL REG. Nov.9,1953
REGISTRAR'S SIGNATURE Esther Rudloff 280-0
25. FUNERAL DIRECTOR'S SIGNATURE Morgan Funeral Home, Advance, Missouri ADDRESS

(Licensed Embalmer's Statement on Reverse Side)

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

NOV 2 8 '

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 William H. Morgan

Licensed Embalmer No. 4640

P. O. Address Advance, M

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.