

FILED AUG 4 - 1954

THE DIVISION OF DEATHS  
STANDARD CERTIFICATE OF DEATH

State File No. **24172**

BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 3060 Registrar's No. 220

1. PLACE OF DEATH a. COUNTY <b>St. Francois</b>		2. USUAL RESIDENCE (Where deceased lived; if institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>St. Francois</b>	
b. CITY OR TOWN <b>Farmington</b>		c. CITY OR TOWN <b>Farmington</b>	d. Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place)		e. STREET ADDRESS (If rural, give location) <b>205 South A</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print) <b>John Luther Smith</b>	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) <b>July 22, 1954</b>
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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>May 19 1877</b>	9. AGE (In years last birthday) <b>77</b>	IF UNDER 1 YEAR Months <b>2</b> Days <b>3</b>	IF UNDER 1 HR. Hours <b></b> Min. <b></b>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY <b>lawyer</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Oden Indiana</b>	12. CITIZEN OF WHAT COUNTRY? <b>US A</b>
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13a. FATHER'S NAME <b>John W. Smith</b>	13b. MOTHER'S MAIDEN NAME <b>Fannie Inman</b>	14. NAME OF HUSBAND OR WIFE <b>Virginia Smith</b>
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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) <b>no</b>	16. SOCIAL SECURITY NO. <b>498-34-0343</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. J. L. Smith</b>	ADDRESS <b>Farmington Mo</b>
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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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary occlusion</b>		INTERVAL BETWEEN ONSET AND DEATH <b>instantaneous</b>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Hypertensive Cardiovascular disease</b>		
	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	19b. MAJOR FINDINGS OF OPERATION <b>4201</b>	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) m.	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 10-2-53 to 7-22-54, that I last saw the deceased alive on 2-20, 1954, and that death occurred at 7 m., from the causes and on the date stated above.

23a. SIGNATURE <b>C. E. Cantelero, M.D.</b>	(Degree or title)	23b. ADDRESS <b>Farmington, Mo</b>	23c. DATE SIGNED <b>7-25-54</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <b>Burial July 24 1954</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Park View</b>	24d. LOCATION (City, town, or county) (State) <b>Farmington Mo</b>
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DATE REC'D BY LOCAL REG. <b>JULY 25, 1954</b>	REGISTRAR'S SIGNATURE <b>Esther Rudloff</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Cozean, Farmington, Mo.</b>	MO ADDRESS
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.....  
Signature of Student Embalmer

Signed..... *C. H. Cozcan*

Licensed Embalmer No. *40*

P. O. Address *Farmingdale*

\* 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.