

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

State File No. **28732**

FILE AUG 17 1954

BIRTH NO. **734** REG. DIST. NO. **316** PRIMARY REG. DIST. NO. **6075** Registrar's No. **2137**

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>Butler</b>	
b. CITY OR TOWN <b>Farmington</b> <small>(If outside corporate limits, write RURAL and give township)</small>	c. LENGTH OF STAY (In this place) <b>151; 0M; 5D</b>	c. CITY OR TOWN <b>Broseley</b>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Missouri State Hospital No. 4</b>		e. STREET ADDRESS (If rural, give location) <b>0120</b>	

3. NAME OF DECEASED (Type or Print)	a. (First) <b>GEORGE</b>	b. (Middle) <b>LESTER</b>	c. (Last) <b>SMITH</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>July 27, 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>Oct. 22, 1908</b>	9. AGE (In years last birthday) <b>45</b>	If UNDER 1 YEAR: Months <b>9</b> Days <b>5</b>	If UNDER 24 HRS. Hours <b></b> Min. <b></b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Common labor - car shops, trucking, sawmill</b>		10b. KIND OF BUSINESS OR INDUSTRY <b></b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Butler County, Mo.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>

13a. FATHER'S NAME <b>William A. Smith</b>	13b. MOTHER'S MAIDEN NAME <b>Nora J. Beers</b>	14. NAME OF HUSBAND OR WIFE <b>Frona Davis 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>Unknown</b>	16. SOCIAL SECURITY NO. <b>Unknown</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Records, State Hospital No. 4, Farmington, Mo.</b>	ADDRESS <b></b>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <b>1 day.</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Pulmonary embolus - - - - -</b>		
	ANTECEDENT CAUSES DUE TO (b) <b>External gangrenous hemorrhoids --</b> DUE TO (c) <b>Unknown.</b>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Psychosis with syphilis, meningo-vascular type.</b>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <b>401XB</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)
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?

22. I hereby certify that I attended the deceased from **April 1, 1952**, to **July 27, 1954**, that I last saw the deceased alive on **July 27, 1954**, and that death occurred at **7:50A.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>John A. Brennan, M.D.</b>	23b. ADDRESS <b>State Hospital No. 4, Farmington, Mo.</b>	23c. DATE SIGNED <b>7-29-54</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>July 30, 1954</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Mole Hill Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Broseley, Missouri</b>
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DATE REC'D BY LOCAL REG. <b>July 29, 1954</b>	REGISTRAR'S SIGNATURE <b>Catherine Rudloff</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>White Funeral Home, Fisk, Missouri</b>	ADDRESS <b></b>
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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 *Bull Dwyer* \_\_\_\_\_

Licensed Embalmer No. *412*

P. O. Address *Farming*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.