S. No. 300
v. 10.48

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

FILED DEC 30 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 42227

BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 6075 Registrar's No. 446

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): 7 das.
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: St. Francois
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Farmington
d. STREET ADDRESS (If rural, give location): 214 North Jefferson

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

4. DATE OF DEATH: (Month) Dec. (Day) 13 (Year) 1949

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Sept. 14, 1891

9. AGE (In years last birthday): 58 IF UNDER 1 YEAR Months: 2 Days: 29 IF UNDER 24 HRS. Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Ste. Genevieve County, Mo.

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: George Griffin

13b. MOTHER'S MAIDEN NAME: Martha Ann

14. NAME OF HUSBAND OR WIFE: Cecil Smith

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.: Unknown

17. INFORMANT'S SIGNATURE OR NAME ADDRESS: Records State Hospital No. 4, Farmington, Mo

MEDICAL CERTIFICATION

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.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Lobar Pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 1 day

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Inanition — 7 das.
DUE TO (c) Chorea — Unknown

II. OTHER SIsignificant CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
490X

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
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* Dec. 6, 19 49, *to* Dec. 13, 1949, *that I last saw the deceased alive on* Dec. 13, 19 49, *and that death occurred at* 6:30 pm., *from the causes and on the date stated above.*

23a. SIGNATURE: John A. Brennan M.D. (Degree or title)
23b. ADDRESS: State Hospital No. 4, Farmington, Mo.
23c. DATE SIGNED: 12-15-49

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Dec. 16, 1949
24c. NAME OF CEMETERY OR CREMATORY: Salem Cemetery
24d. LOCATION (City, town, or county) (State): RFD #2, Farmington, Mo.

DATE REC'D BY LOCAL REG.: Dec. 16, 1949
REGISTRAR'S SIGNATURE: Esther Rudloff
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: C. A. Cozean Farmington Mo.

(Licensed Embalmer's Statement on Reverse Side)

12-27-49

4

1249-169

filed

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 A. J. Cozean

Licensed Embalmer No. 4084

P. O. Address Farmington Me

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.