No. 300
10-48

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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED AUG 23 1949

State File No. 27784

BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 3059 Registrar's No. 306

94 2

1. PLACE OF DEATH
a. COUNTY St. Francois
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Bonne Terre
c. LENGTH OF STAY (In this place) 7
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Bonne Terre Hospital

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) Rural Marion Twp.
d. STREET ADDRESS (If rural, give location) R-1 Bonne Terre

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

4. DATE OF DEATH (Month) (Day) (Year) Aug. 7, 1949

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Married	Sept. 10, 1910	38	10	21		

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) Taylorville / Ill
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Clarence Stroak
13b. MOTHER'S MAIDEN NAME Unknown
14. NAME OF HUSBAND OR WIFE Paul M. Smith

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) None
16. SOCIAL SECURITY NO. None
17. INFORMANT'S SIGNATURE OR NAME ADDRESS Paul M. Smith R-1 Bonne Terre 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.*

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a)	Generalized carcinomatosis	1 year
ANTECEDENT CAUSES *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.* DUE TO (b)	Adenocarcinoma of breast	3 years
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death.*		NOX

19a. DATE OF OPERATION 7/18/46
19b. MAJOR FINDINGS OF OPERATION Adenocarcinoma of Rt. breast
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* Jan. 24, 1949 *to* Aug 7, 1949, *that I last saw the deceased alive on* Aug. 6, 1949, *and that death occurred at* 8:45A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) Marvin T. Haw, Jr. M.D.
23b. ADDRESS Bonne Terre, Mo.
23c. DATE SIGNED 8/10/49.

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE Aug 9, 1949
24c. NAME OF CEMETERY OR CREMATORY King Cemetery
24d. LOCATION (City, town, or county) (State) R-1 Bonne Terre Mo

DATE REC'D BY LOCAL REG. Aug. 12, 1949
REGISTRAR'S SIGNATURE Esther Rudloff
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Benjamin Hall Bonne Terre Mo

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED 8-22-49

Health Officer No. 4

Number 849

Date 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.

Signed Clarence J. Claywell

Licensed Embalmer No. 3706

P. O. Address Bonne Terre Mo

Signed
Student Embalmer

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.