S. No. 300
v. 10.48

FILED NOV 15 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 34519

BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 3060 Registrar's No. 364

0941
4

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

1. PLACE OF DEATH
a. COUNTY St. Francois
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Farmington, Mo.
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Mrs. Bertha Warren's House

2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). STATE Missouri COUNTY St. Francois
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Farmington, Mo. 0941
d. STREET ADDRESS (If rural, give location) 415 South A. Farmington, Mo.

3. NAME OF DECEASED (Type or Print) a. (First) Dewey b. (Middle) Lee c. (Last) Smith

4. DATE OF DEATH (Month) (Day) (Year) Nov. 6, 1950

5. SEX Female

6. COLOR OR RACE white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed

8. DATE OF BIRTH May 5, 1898

9. AGE (In years last birthday) 52 | IF UNDER 1 YEAR Months 6 Days 1 | IF UNDER 24 HRS. Hours Min.

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

10b. KIND OF BUSINESS OR INDUSTRY Smith's Cafe

11. BIRTHPLACE (State or foreign country) St. Francois County

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

13a. FATHER'S NAME Thomas J. Merryman

13b. MOTHER'S MAIDEN NAME Sarah Ann Merryman

14. NAME OF HUSBAND OR WIFE George William 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. 489-12-9689

17. INFORMANT'S SIGNATURE OR NAME C.W. Merryman, 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) Carcinoma of Cervix Uterus — INTERVAL BETWEEN ONSET AND DEATH 2 years

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) —
DUE TO (c) — 174X

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. This patient was treated c̄ nodition & nodum.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION None.

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* June, 1948, *to* Nov. 6, 1950, *that I last saw the deceased alive on* Nov. 5, 1950 *and that death occurred at* 11 A.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) Dr. Geo. R. Watkins M.D.

23b. ADDRESS Farmington Mo.

23c. DATE SIGNED 11-7-50

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE Wed. 11/8/50

24c. NAME OF CEMETERY OR CREMATORY Parkview

24d. LOCATION (City, town, or county) (State) Farmington, Missouri

DATE REC'D BY LOCAL REG. 11/8/50

REGISTRAR'S SIGNATURE Esther Rudloff 287

25. FUNERAL DIRECTOR'S SIGNATURE Cozean Funeral Home, Farmington, Mo. ADDRESS

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
NOV 13 1950
FEB 15 1951
DISTRICT HEALTH OFFICE No. 4
File No. _____

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 _____

_____, working under my personal supervision.

Student Embalmer No. _____

Signed _____
Student Embalmer

Signed C A Cozzan

Licensed Embalmer No. 4084

P. O. Address Farmington Ok

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.