

FILED MAY 24 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 17000

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

1. PLACE OF DEATH a. COUNTY St. Francois		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Greene	
b. CITY (If outside corporate limits, write RURAL and give township) OR Farmington TOWNRURAL St. Francois c. LENGTH OF STAY (in this place) LY; 3M; 20das		c. CITY (If outside corporate limits, write RURAL and give township) OR Springfield 2 d. STREET ADDRESS (If rural, give location) 301 North Missouri 1	
d. FULL NAME OF HOSPITAL OR INSTITUTION Missouri State Hospital No. 4			

3. NAME OF DECEASED (Type or Print)	a. (First) - ADA	b. (Middle) - FLORENCE	c. (Last) - BOOTS	4. DATE OF DEATH (Month) (Day) (Year) May 10, 1949
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) Widowed	8. DATE OF BIRTH October 10, 1871	9. AGE (In years less birthday) 77	IF UNDER 1 YEAR Months 7	IF UNDER 12 HRS. Days 0	IF UNDER 24 HRS. Hours	Min.
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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) Oceola (St. Clair Co.), Mo.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME John D. Hammond	13b. MOTHER'S MAIDEN NAME Mary O. Rogers	14. NAME OF HUSBAND OR WIFE M. F. Boots
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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) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Records State Hospital No. 4, Farmington, Mo.	ADDRESS
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Bronchial pneumonia, terminal</u>		<u>App. 5das.</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		<u>87030</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<u>Senile Psychosis, Paranoid type.</u>	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Hospital Ward	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) St. Francois Twnp. St. Francois Mo.
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) April 16 '49 11P.M.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? Fell in dormitory on the ward.
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22. I hereby certify that I attended the deceased from Nov. 1, 1948, to May 10, 1949, that I last saw the deceased alive on May 10, 1949, and that death occurred at 5:30 P.m., from the causes and on the date stated above.

22a. SIGNATURE (Degree or title) <u>John A. Brennan M.D.</u>	22b. ADDRESS State Hospital No. 4, Farmington	22c. DATE SIGNED Mo. 5-11-49
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE May 13, 1949	24c. NAME OF CEMETERY OR CREMATORY City Cemetery	24d. LOCATION (City, town, or county) (State) Appleton City, Mo.
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DATE REC'D BY LOCAL REG. May 13, 1949	REGISTRAR'S SIGNATURE Esther Rudloff	25. FUNERAL DIRECTOR'S SIGNATURE Herman Lohmeyer	ADDRESS Springfield, Mo.
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RECEIVED

District Health Officer No. 4

District File Number 549-69

Date Filed 5-23-4

DEC 3 1949

AUG 28 1950  
AUG 29 1950

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 Paul K. DeGaal

Licensed Embalmer No. 4126

P. O. Address Farmington Mo.

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.