

FILED APR 19 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 14277

BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 6092 Registrar's No. 124

1. PLACE OF DEATH a. COUNTY <u>St. Francois</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>St. Francois</u>	
b. CITY (if outside corporate limits, write RURAL and give township) <u>Farmington St. Francois</u> OR TOWN <u>RURAL</u>		c. CITY (if outside corporate limits, write RURAL and give township) <u>Worham</u> OR TOWN <u>0940</u>	
c. LENGTH OF STAY (in this place) <u>14Y; 8M; 21D</u>		d. STREET ADDRESS (If rural, give location) <u>None</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Missouri State Hospital No. 4</u>		d. STREET ADDRESS (If rural, give location) <u>None</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>MELZENA</u>		b. (Middle) <u>BOBBET</u> c. (Last) <u>(Bobbitt) DEATH</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>March 30, 1950</u>			
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>1881</u>
9. AGE (In years last birthday) <u>Abt. 69</u>		10. IF UNDER 1 YEAR Months <u>0</u> Days <u>0</u>	11. IF UNDER 24 HRS. Hours <u>0</u> Min. <u>0</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) <u>Bonne Terre, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Thomas Hopson</u>		13b. MOTHER'S MAIDEN NAME <u>Nannie Boyer</u>	
14. NAME OF HUSBAND OR WIFE <u>Elmer C. Bobbitt</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>None</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Records State Hospital No. 4, Farmington, Mo.</u>		ADDRESS	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <u>Terminal Pneumonia</u>		MEDICAL CERTIFICATION INTERVAL BETWEEN ONSET AND DEATH <u>3 to 4 days</u>	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Terminal Pneumonia</u>		II. OTHER SIGNIFICANT CONDITIONS <u>Paranoid Praecox Psychosis - - - - At least 19 yrs.</u>	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		DUE TO (b) _____ DUE TO (c) _____	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
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 <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 <u>Dec. 28, 1949</u> , to <u>March 30, 1950</u> , that I last saw the deceased alive on <u>March 30, 1950</u> , and that death occurred at <u>7:08P m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>[Signature]</u>		23b. ADDRESS <u>State Hospital No. 4, Farmington, Mo.</u>	
23c. DATE SIGNED <u>4-1-50</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Apr. 2, 1950</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>St. Francois Memorial Park</u>		24d. LOCATION (City, town, or county) (State) <u>Hy. #61 Near Desloge, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>Apr. 1, 1950</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>C. Z. Boyer & Son, Desloge, Mo.</u>		ADDRESS	

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

940
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RECEIVED

APR 17 1950

DISTRICT HEALTH OFFICE No. 4

File No. 450-578

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 B. T. Boyer

Licensed Embalmer No. 3660

P. O. Address Desloge, 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.