No. 300
10-48

940

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

FILED JUL 19 1950

STANDARD CERTIFICATE OF DEATH

State File No. 24493

BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 6075 Registrar's No. 234

1. PLACE OF DEATH
a. COUNTY: St. Francois
b. CITY OR TOWN: Farmington RURAL (If outside corporate limits, write RURAL and give township) St. Francois
c. LENGTH OF STAY (in this place): 6 Mos. 25 das.
d. FULL NAME OF HOSPITAL OR INSTITUTION: 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 RURAL 094
d. STREET ADDRESS (If rural, give location): Route 2

3. NAME OF DECEASED (Type or Print)
a. (First): WELTON
b. (Middle): E.
c. (Last): SHY

4. DATE OF DEATH (Month) (Day) (Year): June 5, 1950

5. SEX: Male 0
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married 0
8. DATE OF BIRTH: April 12, 1912
9. AGE (In years last birthday): 38 — If under 1 year: Months 1, Days 23 — If under 1 day: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): New Madrid County, Missouri 0
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: W. R. Shy
13b. MOTHER'S MAIDEN NAME: Sarah Powell
14. NAME OF HUSBAND OR WIFE:

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.: None
17. INFORMANT'S SIGNATURE OR NAME — ADDRESS: Records State Hospital No. 4, Farmington, Mo.

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) Terminal pneumonia - - - - - - - - - - - — INTERVAL BETWEEN ONSET AND DEATH: Abt. 3 das.

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

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Psychosis with mental deficiency.

993X

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* Nov. 10, *19* 49, *to* June 5, *19* 50, *that I last saw the deceased alive on* June 5, *19* 50, *and that death occurred at* 1:55 A.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): John A. Brennan M.D. 0
23b. ADDRESS: Farmington, Mo. State Hospital No. 4, /
23c. DATE SIGNED: 6-5-50

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial 0
24b. DATE: 6-6-50
24c. NAME OF CEMETERY OR CREMATORY: Parkview Cemetery
24d. LOCATION (City, town, or county) (State): Farmington, Mo.

DATE REC'D BY LOCAL REG.: July 10, 1950
REGISTRAR'S SIGNATURE: Esther Rudolph 289
25. FUNERAL DIRECTOR'S SIGNATURE — ADDRESS: Cozean Funeral Home, Farmington, Mo.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
JUL 11 1960
District Health Officer No. 9
District File Number

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.

JUN 1 1955

Student Embalmer No. _____

Signed _____
Student Embalmer

Signed C H Cozean

Licensed Embalmer No. 4084

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.