

FILED MAR 27 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 10330
 BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 3060 Registrar's No. 105

1. PLACE OF DEATH a. COUNTY <u>St. Francois County</u>			2. USUAL RESIDENCE (Where deceased lived. If institution, residence before death) a. STATE <u>Missouri</u> b. COUNTY <u>St. Francois</u>		
b. CITY (If outside corporate limits, write RURAL and give township) <u>Farmington</u>		c. LENGTH OF STAY (In this place)	c. CITY OR TOWN <u>Farmington</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>402 South Jefferson St.</u>			e. STREET ADDRESS (If rural, give location) <u>402 South Jefferson Street</u>		
3. NAME OF DECEASED a. (First) <u>Elizabeth</u>		b. (Middle) <u>Mary</u>	c. (Last) <u>Herzog</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Mar. 22-56</u>	
5. SEX <u>female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>	8. DATE OF BIRTH <u>May 4, 1863</u>	9. AGE (In years last birthday) <u>92</u>	IF UNDER 1 YEAR Months <u>10</u> Days <u>18</u>
IF UNDER 22 HRS. Hours <u></u> Mins <u></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 (City and State or Foreign Country) <u>near Doe Run, Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>Francis Antoine</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Kouchue</u>		14. NAME OF HUSBAND OR WIFE <u>deceased</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>no</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Edward A. Herzog - 402 South Jefferson St. Farmington, Mo.</u>		
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) <u>arteriosclerotic heart disease</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>disease</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Generalized Arteriosclerosis</u> <u>20 yrs.</u>				ONSET AND DEATH <u>10 yrs.</u>
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>4200</u>				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) <u>Farmington, Mo.</u>		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	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>1:24-56</u> , 19 <u>56</u> , to <u>3-22</u> , 19 <u>56</u> , that I last saw the deceased alive on <u>3-22-56</u> , 19 <u>56</u> , and that death occurred at <u>10:10 P.</u> m., from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) <u>C. E. Carleton, M.D.</u>			23b. ADDRESS <u>Farmington, Mo.</u>		23c. DATE SIGNED <u>3-23-56</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Mar. 25-56</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Parkview Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>near Farmington, Mo.</u>		
DATE REC'D BY LOCAL REG. <u>3-27-56</u>	REGISTRAR'S SIGNATURE <u>Cather Rudloff</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Cozean Funeral Home - Farmington, Mo.</u>		

(Licensed Embalmer's Statement on Reverse Side)

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

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em

by me, or by Student Embalmer No.

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....

Licensed Embalmer No. *400*

P. O. Address *Farming*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (If to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.