

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

26491

FILED AUG 20 1956

State File No. \_\_\_\_\_

BIRTH NO. _____		REG. DIST. NO. <u>113</u>		PRIMARY REG. DIST. NO. <u>4185</u>		Registrar's No. <u>575</u>	
1. PLACE OF DEATH a. COUNTY <u>Franklin</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Franklin</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Saint Clair</u>		c. LENGTH OF STAY (in this place)		c. CITY OR TOWN <u>St. Clair, Mo</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>X AT Home</u>				e. STREET ADDRESS (If rural, give location) <u>St Clair Mo 0360</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Drucilla</u> b. (Middle) <u>Boyd</u> c. (Last) <u>Briegleb</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>July 19 - 1956</u>				
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>unmarried</u>		8. DATE OF BIRTH <u>Febr. 1-185-9</u>	
9. AGE (In years last birthday) <u>99</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House wife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>House wife</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>St. Clair Mo. (Franklin)</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>Elihu Boyd</u>		13b. MOTHER'S MAIDEN NAME <u>Hannah Boyd</u>		14. NAME OF HUSBAND OR WIFE <u>John Briegleb</u>	
15. WAS DECEASED EVER IN U.S. ARMY FORCES? (Yes, no, or unknown) <u>none</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>H. Briegleb</u> ADDRESS <u>St. Clair, Mo.</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>NATURAL CAUSES</u>  ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) _____  DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>					INTERVAL BETWEEN ONSET AND DEATH
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) (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>1853</u> , to <u>7-19</u> , 19 <u>55</u> that I last saw the deceased alive on <u>7-17</u> , 19 <u>56</u> and that death occurred at <u>9:00 p.</u> m., from the causes and on the date stated above.					
23a. SIGNATURE <u>John F. Paul, M.D.</u> (Degree or title)		23b. ADDRESS <u>St Clair, Mo.</u>			23c. DATE SIGNED <u>7-20-56</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>July 22 1956</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Odd Fellow Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>St. Clair, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>8-20-56</u>		REGISTRAR'S SIGNATURE <u>Clayde A. Briegleb</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Shenwood W. Kitebell</u> ADDRESS <u>St. Clair, Mo.</u>			

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

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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.....  
Signature of Student Embalmer

Signed... *Shenwood A. Kitchell* .....

Licensed Embalmer No. *3873*

P. O. Address... *H. Clair* .....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.