

MURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

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FILED VS. DEC 28 1959 3/6

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY St. Francois		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY St. Francois	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Francois Township		Length of stay in lb 22Yrs.; 5Mos; 14days	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION State Hospital No.4		d. STREET ADDRESS (If outside, give location) Unknown	
3. NAME OF DECEASED (Type or print) First ROSA Middle HENRY Last HENRY		4. DATE OF DEATH Month Dec. Day 14, Year 1959	
5. SEX Female	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> ? Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH April 14, 1876
9. AGE (last birthday) 83		IF UNDER 1 YEAR Months 8 Days 0	IF UNDER 24 HR Hours 0 Min. 0
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 (City and state or country) Near Patton, Missouri
12. CITIZEN OF WHAT COUNTRY U.S.A.		13a. FATHER'S NAME George Baldwin	
13b. MOTHER'S MAIDEN NAME Hicks		14. NAME OF HUSBAND OR WIFE Charles Henry	
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. Unknown	17. INFORMANT Records, State Hospital No.4, Farmington, Mo.
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Terminal pneumonia - - - - -			INTERVAL BETWEEN ONSET AND DEATH Abt. 4 das.
DUE TO (b) Inanition - - - - -			Abt. 2 mos.
DUE TO (c) Psychosis with mental deficiency. - - - - -			Abt. 25 yrs.
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour 5:50 P. M. Month, Day, Year March 4, 1955			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION Farmington, Missouri	COUNTY St. Louis STATE Missouri
21. I attended the deceased from March 4, 1955 to Dec. 14, 1959 and last saw her live on Dec. 14, 1959 Death occurred at 5:50 P. M. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>John L. Brennan M.D.</i>		22b. ADDRESS State Hospital No. 4 Farmington, Missouri	22c. DATE SIGNED Dec. 16, 1959
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE Dec. 15, 1959	23c. NAME OF CEMETERY OR CREMATORY Washington Univ. Anat. Dept.	23d. LOCATION (City, town, or county) (State) St. Louis, Missouri
24. FUNERAL DIRECTOR Via Miller Funeral Home, Farmington, Mo.	ADDRESS	25. DATE RECD. BY LOCAL REG. Dec. 16, 1959	26. REGISTRAR'S SIGNATURE <i>Eatherly K. K. K.</i>

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

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 Not Embalmed, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Paul Dege

Licensed Embalmer No. 4120

P. O. Address Farmington, N.H.

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.