

FEDERAL DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS DEC 20 1960

-60-047235

STATE FILE NUMBER

Registration District No. 316 Primary Registration District No. _____ Registrar's No. 490

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 1b 2 Mos. 3 das.	c. CITY OR TOWN Leadwood, Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION State Hospital No. 4		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 710 West Street Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First JOHN Middle JAY Last DeMIER	4. DATE OF DEATH Month December Day 10 Year 1960
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5. SEX Male	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 Nov. 30, 1874	9. AGE (last birthday) 86	IF UNDER 1 YEAR Months - Days 10 Hours - Min. -	IF UNDER 24 HR Hours - Min. -
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Mill work	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) St. Louis, Missouri	12. CITIZEN OF WHAT COUNTRY U. S. A.
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13a. FATHER'S NAME Joseph DeMier	13b. MOTHER'S MAIDEN NAME Jane Leonard	14. NAME OF HUSBAND OR WIFE Charlotte Anne Brand
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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. None	17. INFORMANT Records, State Hospital No. 4, Farmington, Mo. Address
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Bilateral bronchial pneumonia - - - - -		INTERVAL BETWEEN ONSET AND DEATH Abt. 12 das.
DUE TO (b)		
DUE TO (c)		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Generalized arteriosclerosis and cerebral arteriosclerosis with psychosis.		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input 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.)
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20c. TIME OF INJURY Hour _____ a.m. _____ p.m.	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 _____ STATE _____
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21. I attended the deceased from October 7, 1960 to Dec. 10, 1960 and last saw him ^{her} live on Dec. 10, 1960 Death occurred at 8:00 A. M. on the date stated above, and to the best of my knowledge, from the causes stated.	
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22a. SIGNATURE (Degree or title) <i>John A. Brennan</i>	22b. ADDRESS State Hospital No. 4 Farmington, Missouri	22c. DATE SIGNED 12-11-60
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Dec. 13, 1960	23c. NAME OF CEMETERY OR CREMATORY Adams Cemetery	23d. LOCATION (City, town, or county) Frankclay, Missouri
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24. FUNERAL DIRECTOR Boyer Funeral Home, Leadwood, Missouri	25. DATE RECD. BY LOCAL REG. Dec. 13, 1960	26. REGISTRAR'S SIGNATURE <i>Esther Rudloff</i>
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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 _____, Student Embalmer No. _____ or by _____, Student Embalmer No. _____ working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Bert L. Boyer

Licensed Embalmer No. 3445

P. O. Address Leadwood

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to do so 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.