

SOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-030494

Registration District No. 316 Primary Registration District No. _____ Registrar's No. 350 STATE FILE NUMBER

AMENDED

FILED SEP 12 1961

1. PLACE OF DEATH a. COUNTY St. Francois		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Madison	
b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN St. Francois Township		Length of stay in 1b 17Y; 6M; 25 das.	c. CITY OR TOWN Fredericktown
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) 608 Marshall
3. NAME OF DECEASED (Type or print) First HATTIE Middle MISSOURI Last HOVIS			4. DATE OF DEATH Month September Day 4 Year 1961
5. SEX Female	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH March 23, 1888
9. AGE (last birthday) 73		IF UNDER 1 YEAR Months 5 Days 17	IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Stenographer		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Wayne County, Missouri
12. CITIZEN OF WHAT COUNTRY U. S. A.		13a. FATHER'S NAME Hiram A. Hovis	13b. MOTHER'S MAIDEN NAME Martha A. Senter
14. NAME OF HUSBAND OR WIFE		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.		17. ADDRESS	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Inanition - - - - -			INTERVAL BETWEEN ONSET AND DEATH Abt. 1 month.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Dementia Praecox Psychosis - - - - -			Abt. 32 years.
DUE TO (c) _____			
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 _____ a.m. _____ p.m.	Month, Day, Year _____		
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	COUNTY STATE
21. I attended the deceased from <u>August 9, 1961</u> to <u>Sept. 4, 1961</u> and last saw her <u>alive</u> on <u>Sept. 4, 1961</u> Death occurred at <u>Sept. 4, 1961 at 8:35A.M.</u> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <i>John A. Brennan M.D.</i>		22b. ADDRESS State Hospital No. 4 Farmington, Missouri	22c. DATE SIGNED 9-5-61
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 9-6-61	23c. NAME OF CEMETERY OR CREMATORY Gravelton Cemetery	23d. LOCATION (City, town, or county) Marquand, Missouri
24. FUNERAL DIRECTOR Najim Funeral Home, Fredericktown, Mo.		25. DATE RECD. BY LOCAL REG. Sept. 5, 1961	26. REGISTRAR'S SIGNATURE <i>Esther Rindloff</i>

DATE AMENDED

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

ITEM NO. SHOULD READ

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 Charles F. Weiss Jr.

Licensed Embalmer No. 57119

P. O. Address 218 EAST College
FV

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.