

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

6168

State File No.

FILED FEB 24 1952 BIRTH NO. 241952 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 6075 Registrar's No. 57

1. PLACE OF DEATH a. COUNTY St. Francois		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Unknown	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN Farmington Rural	c. LENGTH OF STAY (in this place) (Specify townships) St. Francois 5Y; 5M; 17D	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City 3008	
d. FULL NAME OF HOSPITAL OR INSTITUTION Missouri State Hospital No. 4		d. STREET ADDRESS (If rural, give location) Robinson Neurological Clinic	

3. NAME OF DECEASED (Type or Print)	a. (First) JOSEPH	b. (Middle) SILVER	c. (Last) BOOGHER	4. DATE OF DEATH (Month) (Day) (Year) February 5, 1952
-------------------------------------	-------------------	--------------------	-------------------	--

5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married	8. DATE OF BIRTH May 9, 1872	9. AGE (In years last birthday) 79	IF UNDER 1 YEAR Months 8 Days 26	IF UNDER 24 HRS. Hours Min.
-------------	------------------------	--	------------------------------	------------------------------------	----------------------------------	-----------------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Unknown	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) St. Louis, Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.A.
---	-----------------------------------	---	-------------------------------------

13a. FATHER'S NAME John P. Boogher	13b. MOTHER'S MAIDEN NAME Eliza Belt Silver	14. NAME OF HUSBAND OR WIFE NONE
------------------------------------	---	----------------------------------

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Unknown	16. SOCIAL SECURITY NO. Unknown	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Records State Hospital No. 4, Farmington, Mo.
---	---------------------------------	---

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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Nephrosis		Abt. 1 mo.
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Chronic nephritis and hypertensive cardiovascular renal disease		Abt. 2 yrs.
DUE TO (c)			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		Senile psychosis.	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 442 X	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 August 18, 1946, to Feb. 5, 1952, that I last saw the deceased alive on Feb. 5, 1952, and that death occurred at 12:45 a.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) John A. Brennan M.D.	23b. ADDRESS State Hospital No. 4, Farmington, Mo.	23c. DATE SIGNED 2-5-52
---	--	-------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Feb. 7, 1952	24c. NAME OF CEMETERY OR CREMATORY Bellefontaine Cem.	24d. LOCATION (City, town, or county) (State) St. Louis, Missouri
--	------------------------	---	---

DATE REC'D BY LOCAL REG. Feb. 5, 1952	REGISTRAR'S SIGNATURE Esther Gudlaff	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Miller Funeral Home, Farmington, Mo.
---------------------------------------	--------------------------------------	---

(Licensed Embalmer's Statement on Reverse Side)

Paul K. Dugal

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 embalmed by me, or by.....

..... Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed *Paul K. Dugan*

Licensed Embalmer No. *4120*

P. O. Address *Farmingdale, N.Y.*

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