

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

9830

State File No.

FILED APR 12 1954

BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 6075 Registrar's No. 96

1. PLACE OF DEATH a. COUNTY St. Francois		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Ste. Genevieve	
b. CITY OR TOWN Farmington		c. CITY OR TOWN Farmington	
c. LENGTH OF STAY (in this place) 2M; 24das		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF (If not in hospital or institution, give street address or location). HOSPITAL OR INSTITUTION Missouri State Hospital No. 4		e. STREET ADDRESS (If rural, give location) Route 3 Rural 0950	

3. NAME OF DECEASED (Type or Print) a. (First) RHUBEN b. (Middle) O. c. (Last) BOYD			4. DATE OF DEATH (Month) (Day) (Year) March 28, 1954		
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
8. DATE OF BIRTH Nov. 20, 1877		9. AGE (In years last birthday) 76		10. IF UNDER 1 YEAR Months 4 Days 8	
11. IF UNDER 2 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 (City and State or Foreign Country) Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.			

13a. FATHER'S NAME Joseph Boyd		13b. MOTHER'S MAIDEN NAME Alice Dalton		14. NAME OF HUSBAND OR WIFE Jessie Coffman	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. Unknown		17. INFORMANT'S SIGNATURE OR NAME Records, State Hospital No. 4, Farmington, Mo. ADDRESS	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH abt. 1 wk.	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Terminal pneumonia, bilateral		DUPLICATE OF (a) Terminal pneumonia, bilateral				
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES				
		DUE TO (b) Senility				
		DUE TO (c)				
		II. OTHER SIGNIFICANT CONDITIONS				
		Conditions contributing to the death but not related to the disease or condition causing death. Psychosis with cerebral arteriosclerosis.				

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)		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 January 4, 1954 to March 28, 1954, that I last saw the deceased alive on March 28, 1954, and that death occurred at 4:00 A.M. m., from the causes and on the date stated above.

23a. SIGNATURE John A. Brennan, M.D. (Degree or title)		23b. ADDRESS State Hospital No. 4, Farmington, Mo.		23c. DATE SIGNED 3-29-54	
24a. BURIAL CREMATION REMOVAL (Specify) Burial		24b. DATE 3-30-54		24c. NAME OF CEMETERY OR CREMATORY Chestnut Ridge Cemetery	
24d. LOCATION (City, town, or county) (State) Ste. Genevieve County, Mo.		25. FUNERAL DIRECTOR'S SIGNATURE Cozean Funeral Home, Farmington, Mo. ADDRESS		DATE REC'D BY LOCAL REG. Mar. 29 1954 REGISTRAR'S SIGNATURE Catherine Rudloff	

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

MAR 22 1938

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.....
Ch. Cozear

Licensed Embalmer No. 408

P. O. Address *Farmington*

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.