

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **14399**
 BIRTH NO. **124** REG. DIST. NO. **316** PRIMARY REG. DIST. NO. **6070** Registrar's No. **157**

1. PLACE OF DEATH a. COUNTY <b>St. Francois</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>St. Francois</b>	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <b>Rural Liberty</b> )		c. CITY OR TOWN <b>Farmington R R#3</b>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> <b>#0</b>
c. LENGTH OF STAY (in this place)		f. STREET ADDRESS (If rural, give location) <b>Rural Route # 3</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>RFD#3, Farmington, Mo.</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>Jennie Elizabeth</b> b. (Middle) <b>Boyd</b> c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) <b>April 16, 1956</b>		
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>Dec. 14, 1873</b>	9. AGE (In years last birthday) <b>82</b>	IF UNDER 1 YEAR Months <b>4</b> Days <b>2</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <b>St. Francois Co, Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>U S A</b>

13a. FATHER'S NAME <b>G. S. Robinson</b>	13b. MOTHER'S MAIDEN NAME <b>Josephine Anderson</b>	14. NAME OF HUSBAND OR WIFE
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <b>No</b>	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <b>None</b>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mrs C. F. Sebastian Farmington, Missouri</b>

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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <b>4 months</b>  <b>year</b>  <b>year</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Congestive Circulatory failure</b>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Senile Psychosis</b> DUE TO (c) <b>Atherosclerosis</b>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

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) <b>304X</b>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)	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 **May 1955**, to **April 16, 1956**, that I last saw the deceased alive on **Feb 23, 1956**, and that death occurred at **6 P. m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>Paul P. Edgson D.D.</b>	23b. ADDRESS <b>Farmington Mo.</b>	23c. DATE SIGNED <b>4-18-56</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>4/18/56</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Masonic Cemetery</b>
24d. LOCATION (City, town, or county) (State) <b>Farmington, Missouri</b>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Miller Funeral Home Farmington, Missouri.</b>	
DATE REC'D BY LOCAL REG. <b>4-18-56</b>	REGISTRAR'S SIGNATURE <b>Eather Rudloff</b>	

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**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 Paul Dugal.....

Licensed Embalmer No. 412.....

P. O. Address Farming.....

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F 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.**