

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

46917
STATE FILE NUMBER

FILED DEC 23 1957

Registration District No. 324 Primary Registration District No. 3072 Registrar's No. 239

Health,
& Welfare
Public
Service

S. 3000
1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY Saline				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Saline			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Marshall,			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Marshall,		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Fitzgibbon Hospital-7days-			Length of stay in lb	d. STREET ADDRESS (If outside, give location) 1304 S. Conway			Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) Lulu				First Hattie Mae		Middle Banty	
4. DATE OF DEATH December 16, 1957				Month December		Day 16 , Year 1957	
5. SEX Female	6. COLOR OR RACE Negro	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH May 18, 1901	9. AGE (In years last birthday) 56	IF UNDER 1 YEAR Months 0 Days 0 Hours 0 Min. 0	IF UNDER 24 HRS. Hours 0 Min. 0	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10c. KIND OF BUSINESS OR INDUSTRY Home	11. BIRTHPLACE (City and state or country) Booneville, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.			
13. FATHER'S NAME Garrett Tindall				14. MOTHER'S MAIDEN NAME Gertrude Hayes			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No.		16. SOCIAL SECURITY NO. none	17. INFORMANT Mr. Ollie Wm. Banty, Marshall, Missouri				
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Virus Influenza						INTERVAL BETWEEN ONSET AND DEATH about 25 days	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Exposure & Infection						about 42 days	
DUE TO (c) Congestive Heart Disease						Don't know	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)						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 Month Day Year 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		COUNTY STATE	
21. I attended the deceased from November 21, to December 16th and last saw her alive on 12-15-57 Death occurred at 7:50 am on the date stated above; and to the best of my knowledge, from the causes stated:							
22a. SIGNATURE (Degree or title) Waile N. Madison M.D.				22b. ADDRESS 1151 W. Marion, Marshall, Missouri		22c. DATE SIGNED 12/18/57	
23a. BURIAL (Specify) Burial		23b. DATE 12/19/57	23c. NAME OF CEMETERY OR Fairview Cemetery		23d. LOCATION (City, town, or county) Marshall, Missouri (State)		
24. FUNERAL DIRECTOR George H. Green, Marshall, Mo. ADDRESS				25. DATE RECD. BY LOCAL REG. December 18, 57		26. REGISTRAR'S SIGNATURE Cecil G. Read	

(Licensed Embalmer's Statement on Reverse Side)

DEC 27 1962

FILED DEC 27 1962

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 George H. Green
Licensed Embalmer No. 427

P. O. Address Marshfield

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.