V. S. No. 2
50M—9-4-41
Rev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 15 1946

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 40712

Registration District No. 47 Primary Registration District No. 3008 Registrar's No. B98

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

1. PLACE OF DEATH:

(a) County Callaway

(b) City or town Fulton
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: State Hosp. #1 71
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution Since Sept 1-1944 (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Randolph 14

(c) City or town Clifton Hill 1
(If outside city or town limits, write "RURAL")

(d) Street No. 2
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME Mrs. Effie C. Bates

3. (b) If veteran, name war —

3. (c) Social Security No. —

4. Sex Female 1

5. Color or race White

6. (a) Single, widowed, married, divorced wid. 7

6. (b) Name of husband or wife —

6. (c) Age of husband or wife if alive — years

7. Birth date of deceased Jan 14 (Month) (Day) 1887 (Year)

8. AGE: Years 68 Months 11 Days 16 If less than one day hr. min.

9. Birthplace Charlton Co. (City, town, or county) Mo. 0 (State or foreign country)

10. Usual occupation Housewife

11. Industry or business 1

FATHER
12. Name Henry Metcalf
13. Birthplace Charlton Co. (City, town, or county) Mo 0 (State or foreign country)

MOTHER
14. Maiden name Bettie Sears
15. Birthplace Charlton Co. (City, town, or county) Mo. 0 (State or foreign country)

16. (a) Informant Hosp. records

(b) Address

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 12/19/1945 (Month) (Day) (Year)

(c) Place: burial or cremation Oak Grove Cemetery

18. (a) Signature of funeral director Tony B Patton

(b) Address Huntsville Mo

19. (a) 12-17-1945 (Date received local registrar) (b) Josie Morsinkhoff (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 17 year 1945 hour 7 minute 30 A.M.

21. I hereby certify that I attended the deceased from Sept 1st 1944 to Dec 17 1945 that I last saw her alive on Dec 16 1945 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Lobar Pneumonia	4 days
Due to Hip fracture	
Due to	
Other conditions Generalized arteriosclerosis with Psychosis (Include pregnancy within 3 months of death)	

Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Fractured hip

(b) Date of occurrence Nov 27-1945 14

(c) Where did injury occur? (City or town) (County) (State) 1

(d) Did injury occur in or about home, on farm, in industrial place, in public place? at State Hosp. #1 - by fall on her ward (Specify type of place)

While at work? (e) Means of injury

23. Signature P J Tate 0 (M. D. or other)

Address State Hosp. #1 Date signed 12-17-45

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9,

District File Number.....

Date Filed 1-14-46

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.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed Tom B. Patton

Licensed Embalmer No. 3914

P. O. Address Huntsville Md

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.