

FILED SEP 19 1947

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

30555

State File No. \_\_\_\_\_

Registration District No. 47

Primary Registration District No. 3008

Registrar's No. 318

1. PLACE OF DEATH: CALLAWAY

(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: 807 GRAND  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether \_\_\_\_\_)

In this community \_\_\_\_\_  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County CALLAWAY

(c) City or town FULTON  
(If outside city or town limits, write "RURAL")

(d) Street No. 807 GRAND  
(If rural, give location)

(e) Citizen of foreign country? NO. (Yes or No)

If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME KATY Ethel Hite

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

4. Sex FEMALE

5. Color or race White

6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife Noble H. Hite

6. (c) Age of husband or wife if alive 63 years

7. Birth date of deceased Fel 22 1883  
(Month) (Day) (Year)

8. AGE: Years 64 Months 6 Days 14

If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace HATTON MO  
(City, town, or county) (State or foreign country)

10. Usual occupation HOUSEWIFE

11. Industry or business \_\_\_\_\_

12. Name CHARLES BROWN

13. Birthplace BLOOMFIELD MO  
(City, town, or county) (State or foreign country)

14. Maiden name LAURA CURRY

15. Birthplace BLOOMFIELD MO  
(City, town, or county) (State or foreign country)

16. (a) Informant N.H. Hite

(b) Address FULTON, MO.

17. (a) BURIAL (b) Date thereof SEPT. 8, 1947  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation HILL-CREST

18. (a) Signature of funeral director Glen Mangin

(b) Address 712 Court Fulton, Mo

19. (a) Sept 8-1947 (b) Joan Monahan  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 6th

year 1947 hour 1 minute TOP M. March

21. I hereby certify that I attended the deceased from 1947 to Death 19\_\_\_\_

that I last saw him at alive on 5th Sept 47 19\_\_\_\_

and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_

Toxemia from fungus infection  
both lungs, massive involvement  
with secondary infection.

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (include pregnancy within 3 months of death) 114E

Major findings: Bronchoscopic examination confirmed diagnosis

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) \_\_\_\_\_

(b) Date of occurrence \_\_\_\_\_

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

(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) \_\_\_\_\_

23. Signature J. R. Jush (M. D. or other) MD

Address Fulton, Mo Date signed Sept 8 1947

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

MOTHER, FATHER

**RECEIVED**  
District Health Officer No. 9,  
District File Number  
Date Filed SEP 17 1947

**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.....

*Theodore Skinner, Jr.*, Registered Apprentice No. *55*  
working under my personal supervision.

Signed *Glen Y. Maupin*  
Licensed Embalmer No. *2725*  
P. O. Address *Fulton, Mo.*

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.