

No. 2
5-43
5-17-39
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THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **29049**
Registrar's No. **273**

FILED OCT 2 1948
Registration District No. **77**

Primary Registration District No. **3008**

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:
Callaway County Hospital
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution. 5 days
(Specify whether)
 In this community One month
years, months or days

3. (a) PRINT FULL NAME: Clara Bell Holt
 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, widowed
 6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased June 28 1862
(Month) (Day) (Year)

8. AGE: Years 86 Months 2 Days 17 If less than one day _____ hr. _____ min.

9. Birthplace Holts Summit Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business _____

12. Name Henry Rigel

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

14. Maiden name Anna Talbot

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

16. (a) Informant Grover C. Holt

(b) Address 415 W Carpenter, Moberly, Mo

17. (a) Burial (b) Date thereof 9-17-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hillcrest

18. (a) Signature of funeral director Hallace Funeral Home

(b) Address 7 W 6th St. Fulton, Missouri

19. (a) 9-17-1948 (b) Joan Morsinkhoff
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Randolph
 (c) City or town Moberly
(If outside city or town limits, write "RURAL")
 (d) Street No. 415 W Carpenter
(If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Sept. day 15 year 1948 hour 7 minute 20 A. M.
 21. I hereby certify that I attended the deceased from 8/12, 1948 to 9/15, 1948, that I last saw her alive on 9/14, 1948, and that death occurred on the date and hour stated above.

Immediate cause of death Acute Poisoning by Strychnine Dioxide (accidental drinking)
 Duration 4 days

Due to _____
 Due to _____

Other conditions Chronic hypertension
(Include pregnancy within 3 months of death) years _____

PHYSICIAN
 Underline the cause to which death should be charged statistically.
 Major findings: Of operations none
 Of autopsy none

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

(a) Accident, suicide, or homicide (specify) accidental

(b) Date of occurrence 9/11/48

(c) Where did injury occur? Fulton, Callaway, Missouri
(City or town) (County) (State)

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

White at work? no (Specify type of place) (e) Means of injury Poisoning

Signature Henry Dunt (M. D. or other) _____

Address Fulton, Mo. Date signed 9/16/48

RECEIVED
District Health Officer No. 9,
District File Number
OCT 1 1948
Date Filed

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 *Wenzel C. Browning*
Licensed Embalmer No. *2724*
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..