

No. 300
10.48

FILED JUL 14 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

18802

State File No.

BIRTH NO. REG. DIST. NO. 47 PRIMARY REG. DIST. NO. 3008 Registrar's No. 335

1. PLACE OF DEATH
a. COUNTY Callaway
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Fulton
c. LENGTH OF STAY (If in this place) Life
d. FULL NAME OF (If not in hospital or institution, give street address & location) HOSPITAL OR INSTITUTION Home 215 W 8th St

2. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)
a. STATE Missouri b. COUNTY Callaway
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Fulton, Mo
d. STREET ADDRESS (If rural, give location) 215 W. 8th

3. NAME OF DECEASED
a. (First) Ma Matilda b. (Middle) Richmond c. (Last)

4. DATE OF DEATH (Month) (Day) (Year) July 1 - 1949

5. SEX Female
6. COLOR OR RACE Negro

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) Married

8. DATE OF BIRTH Dec 22 - 1898

9. AGE (In years last birthday) 50 10. IF UNDER 1 YEAR 6 11. IF UNDER 24 HRS. 9 Hours Min.

10. USUAL OCCUPATION (Give kind of work or business of deceased if not in usual occupation) Housewife

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Callaway Co. Mo

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Elijah Brown

13b. MOTHER'S MAIDEN NAME D.K.

14. NAME OF HUSBAND OR WIFE Jacob

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, state in what service) (If yes, give war or dates of service) No

16. SOCIAL SECURITY NO. No

17. INFORMANT'S SIGNATURE OR NAME ADDRESS Jacob Richmond Fulton, Mo

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, asthma, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cancer of Throat
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause* (a) stating the underlying cause last.
RESULTS DUE TO (c) Ch. Myocarditis with Hypertension
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH
148X

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES NO

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)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9/21 1948, to 7/1, 1949, that I last saw the deceased alive on 6/23, 1949, and that death occurred at 9:05 pm., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) George Wood, M.D.

23b. ADDRESS Fulton, Mo

23c. DATE SIGNED 7/1/49

24. BURIAL, CREMATION, OR REMOVAL (Specify)

24a. DATE July 5 - 49

24b. NAME OF CEMETERY OR CREMATORY Libby Family Cemetery

24c. LOCATION (City, town, or county) Callaway Co. Mo. East of Fulton

DATE REC'D BY LOCAL REG. REGISTRAR'S SIGNATURE July 5 - 1949 Maretha Lawrence

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Eli Bell Fulton, Mo

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

RECEIVED JUL 9 1919
District Health Officer No. 9,
District File Number

JUL 11 1919

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
Student Embalmer

Signed

Eli Bell

Licensed Embalmer No. *2130*

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.