

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED SEP 19 1949

State File No. 29464

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BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 47 PRIMARY REG. DIST. NO. 3008 Registrar's No. 301

1. PLACE OF DEATH a. COUNTY <u>Calloway</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Colo.</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Fulton</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>California RFD</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>State Hospital Mo</u>		d. STREET ADDRESS (If rural, give location) <u>RFD 1</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Mary</u> b. (Middle) <u>Frances</u> c. (Last) <u>Hamilton</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Sept 20 1949</u>
5. SEX <u>F</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widow</u>	8. DATE OF BIRTH <u>Sept 1 1869</u>
9. AGE (In years last birthday) <u>80</u>		10. AGE (In years) IF UNDER 1 YEAR Months <u>9</u> IF UNDER 12 HRS. Hours <u></u> Min. <u></u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>same</u>	11. BIRTHPLACE (State or foreign country) <u>Fulton Mo</u>
12. CITIZEN OF WHAT COUNTRY? <u>America</u>		13a. FATHER'S NAME <u>Arthur Blealey</u>	
13b. MOTHER'S MAIDEN NAME <u>Madda Sharp</u>		14. NAME OF HUSBAND OR WIFE <u>deceased</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>no</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Records State Hosp 1 Fulton Mo</u>
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Senility with Senile Dementia</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Fracture Right Hips</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Fracture Right Hip 7-7-49</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>accident</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Home</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>California Mo Row 4 Colo Mo</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>DK</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Due to fall</u>	
22. I hereby certify that I attended the deceased from <u>July 27</u> , 19 <u>49</u> , to <u>Sept 10</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>9-9</u> , 19 <u>49</u> , and that death occurred at _____ m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>M G Miller</u>		23b. ADDRESS <u>State Hospital Mo Fulton Mo</u>	23c. DATE SIGNED <u>9-10-49</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Sept 11, 1949</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Unity Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Fulton, Mo.</u>
DATE REC'D BY LOCAL REG. <u>Sept 19 1949</u>	REGISTRAR'S SIGNATURE <u>Maretha Lawrence</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Wm Wallace Funeral Home 7W-6 St.</u>	

WRITE PLAINLY—USING UNFAADING · BLACK INK—MAKE A PERMANENT RECORD

SEP 2 11 1949

RECEIVED SEP 13 1949  
District Health Officer No. 9,  
District File Number.....

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.....

.....  
working under my personal supervision.

Student Embalmer No.....

Signed Denzil C. Browning

Signed.....  
Student Embalmer

Licensed Embalmer No. 2724

P. O. Address Tullon 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.