

FILED OCT 14 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

29482

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

BIRTH NO. _____		REG. DIST. NO. <u>47</u>		PRIMARY REG. DIST. NO. <u>3008</u>		Registrar's No. <u>343</u>			
1. PLACE OF DEATH a. COUNTY <u>Callaway</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Franklin</u>					
b. CITY OR TOWN <u>Fulton</u>		c. LENGTH OF STAY (in this place) <u>3 yrs plus</u>		c. CITY OR TOWN <u>Pacific</u>					
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>State Hospital No 1 Fulton, Mo</u>				d. STREET ADDRESS (If rural, give location) _____					
3. NAME OF DECEASED (Type or Print) a. (First) <u>Malissa</u> b. (Middle) <u>Bell</u> c. (Last) <u>Oliver</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>10 2 1949</u>						
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widow</u>		8. DATE OF BIRTH <u>Jan 17, 1872</u>			
9. AGE (In years last birthday) <u>77</u>		IF UNDER 1 YEAR <u>8</u> Months <u>15</u> Days		IF UNDER 1 HRS. <u>0</u> Hours <u>0</u> Min.					
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 _____		11. BIRTHPLACE (State or foreign country) <u>Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>			
13a. FATHER'S NAME <u>Jemimiah Williams</u>			13b. MOTHER'S MAIDEN NAME <u>Elissa Jane Crews</u>			14. NAME OF HUSBAND OR WIFE <u>Deceased</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>Hospital records, Fulton, Mo</u> ADDRESS _____					
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) <u>Senile dementia</u>  ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u>  DUE TO (b) <u>Simple deterioration</u>  DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>				INTERVAL BETWEEN ONSET AND DEATH <u>3 yrs</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
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) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____					
22. I hereby certify that I attended the deceased from <u>9-15-1949</u> , 19____, to <u>10-2-49</u> , 19____, that I last saw the deceased alive on <u>10-2-1949</u> , 19____, and that death occurred at <u>3- A m.</u> , from the causes and on the date stated above.									
23a. SIGNATURE <u>M J Miller M.D.</u> (Degree or title)				23b. ADDRESS <u>State Hospital No 1 Fulton, Mo</u>		23c. DATE SIGNED <u>10-2-49</u>			
24a. BURIAL CREMATION, REMOVAL (Specify) <u>Removed</u>		24b. DATE <u>10/2/49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Oak Grove</u>		24d. LOCATION (City, town, or county) (State) <u>Tonoloway, Mo.</u>			
DATE REC'D BY LOCAL REG. <u>Oct 2-1949</u>		REGISTRAR'S SIGNATURE <u>Maretha Lawrence</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Casey Russell</u> ADDRESS <u>St Clair, Mo</u>					

(Licensed Embalmers' Statement on Reverse Side) Wallace Funeral Home, Fulton, Mo

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

14  
1  
2

District File Number \_\_\_\_\_  
District Health Officer No. 9  
RECEIVED OCT 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 \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. 339

Signed Russell C. Maag  
Student Embalmer

Signed Penzil C. Browning

Licensed Embalmer No. 2724

P. O. Address Tullahoma

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.