

FILED OCT 18 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

36094

State File No. _____

BIRTH NO. _____		REG. DIST. NO. <u>360</u>		PRIMARY REG. DIST. NO. <u>6225</u>		Registrar's No. <u>167</u>	
1. PLACE OF DEATH a. COUNTY <u>Turner</u>				2. USUAL RESIDENCE (Where deceased lived) If Institution: residence before institution. a. STATE <u>Mo</u> b. COUNTY <u>Cedar</u>			
b. CITY (If outside corporate limits, write RURAL and give township OR TOWN <u>Rural Wash 10-19-8</u>)				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Caldorado Springs</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>State Hosp #32</u>				d. STREET ADDRESS (If rural, give location) <u>✓</u>			
3. NAME OF DECEASED (Type or Print) <u>BESSIE WALLEN</u>			a. (First) _____ b. (Middle) _____ c. (Last) _____			4. DATE OF DEATH <u>10-14-49</u> (Month) (Day) (Year)	
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>7-9-1880</u>	
9. AGE (in years last birthday) <u>69</u>		IF UNDER 1 YEAR: Months <u>3</u> Days <u>5</u>		IF UNDER 1 YEAR: Hours _____ Min. _____		IF UNDER 1 YEAR: _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Wife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>		11. BIRTHPLACE (State or foreign country) <u>Benton Co Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>James Stanton</u>			13b. MOTHER'S MAIDEN NAME <u>Bessie Stanton</u>			14. NAME OF HUSBAND OR WIFE <u>Wid</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>✓</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Hospital Record Dept</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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Apoplexy</u> INTERVAL BETWEEN ONSET AND DEATH _____ ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>✓</u>					334X
19a. DATE OF OPERATION <u>None</u>		19b. MAJOR FINDINGS OF OPERATION <u>✓</u>				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>10-13-1949</u> , to <u>10-14-1949</u> , that I last saw the deceased alive on <u>10-13-1949</u> , and that death occurred at <u>6:52</u> m., from the causes and on the date stated above.							
23a. SIGNATURE <u>R. S. Hall M.D.</u> (Degree or title) _____				23b. ADDRESS <u>Turner Mo</u>		23c. DATE SIGNED <u>10-14-49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Oct - 16/49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>El-Dorado Springs</u>		24d. LOCATION (City, town, or county) (State) <u>El-Dorado Springs Mo</u>	
DATE REC'D BY LOCAL REG. <u>Oct. 14, 49</u>		REGISTRAR'S SIGNATURE <u>Rathburn James</u>		331		25. FUNERAL DIRECTOR'S SIGNATURE <u>James Ferrene</u> ADDRESS <u>Home El-Dorado</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300

10-48

RECEIVED

District Health Officer No. 7

District File Number 9-49-122

Date Filed 10-17-49

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 George W. Maples

Licensed Embalmer No. 2752

P. O. Address El Dorado Springs

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.