

FILED MAY 5 1950
STANDARD CERTIFICATE OF DEATH

12143

State File No.

BIRTH NO. _____ REG. DIST. NO. 47 PRIMARY REG. DIST. NO. 3008 Registrar's No. 146

142
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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 (If outside corporate limits, write RURAL and give township) OR TOWN <u>Fulton</u>	c. LENGTH OF STAY (In this place) <u>13 mo 9 days</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Gray Summit, Mo.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>State Hospital No. 1</u>		d. STREET ADDRESS (If rural, give location) <u>0360</u>	

3. NAME OF DECEASED (Type or Print) <u>Amanda</u>	a. (First)	b. (Middle) <u>—</u>	c. (Last) <u>Baller</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>April 30 - 50</u>
5. SEX <u>Woman</u>	6. COLOR OR RACE <u>Negro</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>16 Aug 1872</u>	9. AGE (In years last birthday) (Months) (Days) (Hours) (Min.) <u>77 8 4</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>unk</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Mo 0</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>

13a. FATHER'S NAME <u>Morris Scott</u>	13b. MOTHER'S MAIDEN NAME <u>Tee Wright</u>	14. NAME OF HUSBAND OR WIFE <u>unk</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>unk</u>	16. SOCIAL SECURITY NO. <u>unk</u>	17. INFORMANT'S SIGNATURE OR NAME <u>State Hospital No. 1</u> ADDRESS <u>Fulton, Mo</u>
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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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute mening. Encephalitis</u>		
	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>Bacterial Pneumonia</u>		n 55X	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from 29 April, 1950, to 30 April, 1950, that I last saw the deceased alive on 30 April, 1950, and that death occurred at 12 P.M., from the causes and on the date stated above.

23a. SIGNATURE <u>G.S. Waraich</u> (Degree or title) <u>0 M.D.</u>	23b. ADDRESS <u>Fulton, Mo.</u>	23c. DATE SIGNED <u>30 April 50</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>May 3, 1950</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Pacific Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Pacific, MO.</u>
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DATE REC'D BY LOCAL REG. <u>Apr 30 - 1950</u>	REGISTRAR'S SIGNATURE <u>Maretha Lawrence</u>	426	25. DECEASED DIRECTOR'S SIGNATURE <u>John L. Shaper</u> ADDRESS <u>Pacific, MO</u>
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RECEIVED MAY 4 1950
District Health Officer No. 9
District File Number

MAY 11 1950

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, ~~as by~~ _____

working under my personal supervision.

Student Embalmer No.

Signed _____

Eli Bell

Signed.....
Student Embalmer

Licensed Embalmer No. *2130*

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.