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

FILED MAY 15 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 11779

| | | | | | | | | | |
|---|--|---|------------------------------|--|--------------------|--|---|------------------------------------|--|
| BIRTH NO. _____ | | REG. DIST. NO. 47 | | PRIMARY REG. DIST. NO. 3008 | | Registrar's No. 129 | | | |
| 1. PLACE OF DEATH a. COUNTY. Callaway | | | | 2. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission). a. STATE Mo b. COUNTY Schuyler | | | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Fulton | | c. LENGTH OF STAY (in this place) 3546 mo | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Downing 0980 | | | | | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION State Hos #1 | | | | d. STREET ADDRESS (If rural, give location) / | | | | | |
| 3. NAME OF DECEASED (Type or Print) BELLE | | | a. (First) | | b. (Middle) MATHON | | c. (Last) | | |
| 4. DATE OF DEATH | | (Month) (Day) (Year) | | April 29 1951 | | | | | |
| 5. SEX / | | 6. COLOR OR RACE W | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) dk | | 8. DATE OF BIRTH 1877 | | 9. AGE (In years last birthday) 74 | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Clerk | | 10b. KIND OF BUSINESS OR INDUSTRY home | | 11. BIRTHPLACE (State or foreign country) USA | | 12. CITIZEN OF WHAT COUNTRY? USA | | | |
| 13a. FATHER'S NAME dk | | | 13b. MOTHER'S MAIDEN NAME dk | | | 14. NAME OF HUSBAND OR WIFE dk | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) dk | | | 16. SOCIAL SECURITY NO. dk | | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Hos Records State Hos Fulton Mo | | | |
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) chr. myocarditis | | | | | INTERVAL BETWEEN ONSET AND DEATH | | |
| *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death. | | II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Fracture L. femur | | | | | | | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION 4222 F | | | | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) m. | | 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 4-12, 1951, to 4/29, 1951, that I last saw the deceased alive on 4/28, 1951, and that death occurred at 6:34 p.m., from the causes and on the date stated above. | | | | | | | | | |
| 23a. SIGNATURE J.R. Hunter MD (Degree or title) | | | | 23b. ADDRESS State Hos Fulton Mo | | 23c. DATE SIGNED 4-29-51 | | | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Removal | | 24b. DATE 5-3-51 | | 24c. NAME OF CEMETERY OR CREMATORY Anatomical Board | | 24d. LOCATION (City, town, or county) (State) Columbia Mo | | | |
| DATE REC'D BY LOCAL REG. May 3-1951 | | REGISTRAR'S SIGNATURE Martha Lawrence 426 | | 25. FUNERAL DIRECTOR'S SIGNATURE J. O. Roberts | | ADDRESS Columbia Mo | | | |

(Licensed Embalmer's Statement on Reverse Side)

File No. _____

DISTRICT HEALTH OFFICE No. 4

MAY 7 1951

RECEIVED

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 _____

Signed.....
Student Embalmer

Licensed Embalmer No.

P. O. Address _____

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.