

FILED MAY 15 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **11783**
Registrar's No. **124**

BIRTH NO. _____		REG. DIST. NO. 47		PRIMARY REG. DIST. NO. 3008		Registrar's No. 124	
1. PLACE OF DEATH a. COUNTY Callaway				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo b. COUNTY Madison			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Fulton, Mo		c. LENGTH OF STAY (in this place) 28y 94dy		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Hannibal 0644			
d. FULL NAME OF HOSPITAL OR INSTITUTION STATE Hospital No 1				d. STREET ADDRESS (If rural, give location) Unit 1			
3. NAME OF DECEASED (Type or Print) a. (First) JOSEPHINE b. (Middle) - c. (Last) TRIFE			4. DATE OF DEATH (Month) (Day) (Year) April 28 1951				
5. SEX Woman	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 5 April 1880		9. AGE (In years last birthday) 71	IF UNDER 1 YEAR Months - Days 23	IF UNDER 18 HRS. Hours - Min. -
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House wife		10b. KIND OF BUSINESS OR INDUSTRY Home		11. BIRTHPLACE (State or foreign country) MONROE City		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Geo. B. Anderson		13b. MOTHER'S MAIDEN NAME Anna Pankleton		14. NAME OF HUSBAND OR WIFE D.S. Trife			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Unit		16. SOCIAL SECURITY NO. Unit		17. INFORMANT'S SIGNATURE OR NAME ADDRESS State Hospital Records 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) Chronic Myocarditis & failure INTERVAL BETWEEN ONSET AND DEATH _____ *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused 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. _____							
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION 4222				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 24 April , 19 51 , to 28 April , 19 51 , that I last saw the deceased alive on 27 April , 19 51 , and that death occurred at 3:30 A.M. , from the causes and on the date stated above.							
23a. SIGNATURE M.S. Miller for G.S.W. (Degree or title) M.D.				23b. ADDRESS Fulton, Mo		23c. DATE SIGNED 28 April '51	
24a. BURIAL, CREMATION, REMOVAL (Specify) Bureau		24b. DATE April 30-1951	24c. NAME OF CEMETERY OR CREMATORY Mt. Judea's Cem		24d. LOCATION (City, town, or county) (State) Monroe City, Mo		
DATE REC'D BY LOCAL REG. Apr 28, 1951		REGISTRAR'S SIGNATURE Maretha Lawrence 426		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Ackworth Funeral Home Hannibal, Mo			

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

1143

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

J. E. Foster

Signed.....
Student Embalmer

Licensed Embalmer No. *4742*

P. O. Address *Hammond 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.