

FILED AUG 7 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 22271

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 47 PRIMARY REG. DIST. NO. 3008 Registrar's No. 201

1. PLACE OF DEATH a. COUNTY <b>CALLAWAY</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MISSOURI</b> b. COUNTY <b>CALLAWAY</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>FULTON HOSPITAL</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>RURAL CALWOOD 0140</b>	
c. LENGTH OF STAY (In this place) <b>2 hrs.</b>		d. STREET ADDRESS (If rural, give location) <b>R.F.D. #1, FULTON, MO</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>CALLAWAY</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>FRANCES</b> b. (Middle) <b>ANN</b> c. (Last) <b>BOOKS</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>July 21, 1951</b>			
5. SEX <b>FE, 1</b>	6. COLOR OR RACE <b>WH.</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>CHILD</b>	8. DATE OF BIRTH <b>FEB. 18, 1944</b>	9. AGE (In years last birthday) <b>7</b>	IF UNDER 1 YEAR Months <b>5</b> Days <b>3</b>	IF UNDER 100 HRS. Hours <b></b> Min. <b></b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY <b>CHILD</b>	11. BIRTHPLACE (State or foreign country) <b>FULTON, MO</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	

13a. FATHER'S NAME <b>Hubert Books</b>	13b. MOTHER'S MAIDEN NAME <b>GLADYS HOFFMEYER</b>	14. NAME OF HUSBAND OR WIFE <b>-</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b> (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. <b>-</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Hubert Books, Fulton, Mo R.R. #1</b>	ADDRESS <b>Fulton, Mo R.R. #1</b>
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Pulmonary Edema</b>		INTERVAL BETWEEN ONSET AND DEATH <b>10 hrs</b> <b>3 days</b> <b>7 yrs.</b>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Pneumopneumonia - Bronchitis</b>		
	DUE TO (c) <b>Myocardial Infarction</b>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Myocardial Infarction</b>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <b>501X</b>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)
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 **1045**, to **July 21**, 1951, that I last saw the deceased alive on **July 21**, 1951, and that death occurred at **800 P** m., from the causes and on the date stated above.

23a. SIGNATURE <b>John J. Brown MD</b> (Degree or title)	23b. ADDRESS <b>Fulton</b>	23c. DATE SIGNED <b>7-24-51</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	24b. DATE <b>July 23, 1951</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Ebenezer</b>	24d. LOCATION (City, town, or county) (State) <b>FULTON, R.I. MO</b>
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DATE REC'D BY LOCAL REG. <b>July 28-1951</b>	REGISTRAR'S SIGNATURE <b>Maretha Lawrence</b> 426	25. FUNERAL DIRECTOR'S SIGNATURE <b>Glen Y. Mappin</b>	ADDRESS <b>Fulton, Mo.</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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File No. \_\_\_\_\_  
DISTRICT HEALTH OFFICE No. 4

JUL 30 1951

RECEIVED

MAR 23 1954

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 J. J. Patton

Licensed Embalmer No. 2555

P. O. Address Patton, Md

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.