

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

29637

FILED SEP 18 1951

State File No.

BIRTH NO. _____ REG. DIST. NO. 47 PRIMARY REG. DIST. NO. 3008 Registrar's No. 245

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WRITE PLAINLY—USING UNFAADING 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>Missouri</u> b. COUNTY <u>Harrison</u>	
b. CITY (If outside corporate limits, write RURAL and give town) <u>Fulton</u>	c. LENGTH OF STAY (in this place township) <u>2 1/2 yrs</u>	c. CITY (If outside corporate limits, write RURAL and give township) <u>Wellsville</u>	OR TOWN <u>0700</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>State Hospital no 1</u>		d. STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Edith</u> b. (Middle) <u>a</u> c. (Last) <u>Brace</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Sept 5 1951</u>		
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5. SEX <u>female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>never married</u>	8. DATE OF BIRTH <u>OK approx</u>	9. AGE (In years last birthday) <u>62</u>	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	Hours	Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housekeeper</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>House Keeping</u>		11. BIRTHPLACE (State or foreign country) <u>9 OK</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
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13a. FATHER'S NAME <u>not given</u>		13b. MOTHER'S (MAIDEN NAME) <u>Mary Brace</u>		14. NAME OF HUSBAND OR WIFE <u>not given</u>	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>OK</u>	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>OK none</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>files 1941 State Hosp. Fulton Mo</u>			
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH
1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>bronchopneumonia</u>		ANTECEDENT CAUSES <u>Chronic interstitial nephritis</u>			
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		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	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) (m.)	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 July 1, 1950, to Sept 5, 1951, that I last saw the deceased alive on Sept 5, 1951, and that death occurred at 10 P. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>J R Hunter M D U</u>	23b. ADDRESS <u>Fulton Missouri</u>	23c. DATE SIGNED <u>Sept 5, 1951</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Sept 7-1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Wellsville</u>	24d. LOCATION (City, town, or county) (State) <u>Wellsville Mo</u>
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DATE REC'D BY LOCAL REG. <u>Sept 6-1951</u>	REGISTRAR'S SIGNATURE <u>Martha Lawrence</u>	SUPERVISOR'S SIGNATURE	ADDRESS
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File No. _____
DISTRICT HEALTH OFFICE No. 4

SEP 10 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 _____

_____ Student Embalmer No. _____
working under my personal supervision.

Student _____
Student Embalmer

Signed AB Hells

Licensed Embalmer No. 1588

P. O. Address Hellville W

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.