

FILED NOV 9 1951

STANDARD CERTIFICATE OF DEATH

State File No. 32785

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 47 PRIMARY REG. DIST. NO. 3008 Registrar's No. 309

1. PLACE OF DEATH  
a. COUNTY **CALLAWAY**  
b. CITY (If outside corporate limits, write RURAL and give town) **FULTON**  
c. LENGTH OF STAY (in this place) **1 YA.**  
d. FULL NAME OF HOSPITAL OR INSTITUTION **CALLAWAY HOSPITAL**

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).  
a. STATE **MISSOURI** b. COUNTY **CALLAWAY**  
c. CITY (If outside corporate limits, write RURAL and give township) **FULTON** 0143  
d. STREET ADDRESS (If rural, give location) **BLUFF ST.** 0

3. NAME OF DECEASED  
a. (First) **OLLIE** b. (Middle) **ELZONIA** c. (Last) **FARRIS**  
4. DATE OF DEATH (Month) (Day) (Year) **OCT 29, 1951**

5. SEX **Female** 6. COLOR OR RACE **White** 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **WIDOWED** 8. DATE OF BIRTH **JUNE 28, 1873** 9. AGE (In years last birthday) **78** 10. MONTHS **4** 11. HOURS **1** 12. UNDER 24 HRS. **0**

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **housekeeper** 10b. KIND OF BUSINESS OR INDUSTRY **none** 11. BIRTHPLACE (State or foreign country) **Missouri** 12. CITIZEN OF WHAT COUNTRY? **U. S. A.**

13a. FATHER'S NAME **JAKE WOMACK** 13b. MOTHER'S MAIDEN NAME **Malissa Altheimer** 14. NAME OF HUSBAND OR WIFE **D. K.**

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) **no** 16. SOCIAL SECURITY NO. **no** 17. INFORMANT'S SIGNATURE OR NAME **Charles Farris, m<sup>c</sup> Credie mo.** ADDRESS \_\_\_\_\_

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) **Cerebral vascular accident**  
ANTECEDENT CAUSES  
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. **Generalized arteriosclerosis. Contributory: Polycythemia Vera. 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. **Jangrene Rt lung toe**  
INTERVAL BETWEEN ONSET AND DEATH **3 hours**  
**year**  
**year**  
**2 wks**

19a. DATE OF OPERATION \_\_\_\_\_ 19b. MAJOR FINDINGS OF OPERATION **331X** 20. AUTOPSY? YES  NO

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  NOT WHILE AT WORK  21f. HOW DID INJURY OCCUR? \_\_\_\_\_

22. I hereby certify that I attended the deceased from **Sept 5, 1951**, to **29 Oct, 1951**, that I last saw the deceased alive on **29 Oct, 1951**, and that death occurred at **7:52 P. M.**, from the causes and on the date stated above.

23a. SIGNATURE **E. C. Johnson** (Degree or title) \_\_\_\_\_ 23b. ADDRESS **Fulton Mo** 23c. DATE SIGNED **31 Oct 51**

24a. BURIAL, CREMATION, REMOVAL (Specify) **Burial** 24b. DATE **10/31/1951** 24c. NAME OF CEMETERY OR CREMATORY **Ebenezer** 24d. LOCATION (City, town, or county) (State) **Callaway Co. Mo.**

DATE REC'D BY LOCAL REG. **Nov 3-1951** REGISTRAR'S SIGNATURE **Maretha Lawrence** 4260 25. FUNERAL DIRECTOR'S SIGNATURE **Mary Funeral Home, Fulton, Mo.** ADDRESS \_\_\_\_\_

(Licensed Embalmer's Statement on Reverse Side)

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

43  
0

RECEIVED  
NOV - 5 1951  
DISTRICT HEALTH OFFICE NO. 4  
The No.

**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 Walter J. Haines, Jr.

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.