

FILED JAN 5 1952

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

40846

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 47 PRIMARY REG. DIST. NO. 3008 Registrar's No. 263

1. PLACE OF DEATH a. COUNTY <u>Callaway</u> <u>0143</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO</u> b. COUNTY <u>JACKSON</u>	
b. CITY (If outside corporate limits, write RURAL and give town) <u>Fulton</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Pike Co Farm</u>	
c. LENGTH OF STAY (in this place) <u>13 yrs</u>		d. STREET ADDRESS (If rural, give location) <u>State Hospital 701 Fulton</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Stella</u>	b. (Middle) <u>-</u>	c. (Last) <u>Carlton</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>12-24-1951</u>
---	----------------------	--------------------------	--

5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>never married</u>	8. DATE OF BIRTH <u>8-11</u>	9. AGE (In years last birthday) <u>50</u>	10. UNDER 1 YEAR Months <u>6</u> Days <u>6</u> Hours <u>15</u>	11. UNDER 10 yrs. Hours <u>15</u> Min.
-----------------	---------------------------	---	------------------------------	---	--	--

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>MO</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
---	-----------------------------------	---	---

13a. FATHER'S NAME <u>-DK</u>	13b. MOTHER'S MAIDEN NAME <u>DK</u>	14. NAME OF HUSBAND OR WIFE <u>-</u>
-------------------------------	-------------------------------------	--------------------------------------

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME 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, asthenia, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Broken R. arm &amp; dislocation</u>		INTERVAL BETWEEN ONSET AND DEATH <u>1 wk</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Pyelitis</u>		
	DUE TO (c) <u>E-9367 47</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>mental deficiency, idiot</u>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
------------------------	----------------------------------	---

21a. ACCIDENT SUICIDE HOMICIDE? (Specify) <u>accident</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office, etc.) <u>State Hospital</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Fulton Callaway MO</u>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>12-24-51 DK</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>DK 137</u>

22. I hereby certify that I attended the deceased from 12-17, 1951, to 12-24, 1951, that I last saw the deceased alive on 12-24, 1951, and that death occurred at 12:15 Pm., from the causes and on the day stated above.

23a. SIGNATURE (Degree or title) <u>M J Miller MD</u>	23b. ADDRESS <u>State Hospital Fulton MO</u>	23c. DATE SIGNED <u>12-24-51</u>
---	--	----------------------------------

24a. BURIAL CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>12-28-51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>anatomical Board</u>	24d. LOCATION (City, town, or county) (State) <u>Columbia MO</u>
---	---------------------------	--	--

DATE REC'D BY LOCAL REG. <u>Dec 28-1951</u>	REGISTRAR'S SIGNATURE <u>Maretha Lawrence</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>J. O. Roberts Columbia MO</u>
---	---	---

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

DEC 30 1951

DISTRICT HEALTH OFFICE No. 4

File 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.....

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.