

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **40869**

FILED DEC 26 1951

BIRTH NO. _____ REG. DIST. NO. **47** PRIMARY REG. DIST. NO. **5164** Registrar's No. **341**

1. PLACE OF DEATH a. COUNTY CALLAWAY 0140		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY CALLAWAY	
b. CITY (If outside corporate limits, write RURAL and give township) RURAL FULTON c. LENGTH OF STAY (in this place) 4 YRS		c. CITY (If outside corporate limits, write RURAL and give township) 0140 OR TOWN RURAL FULTON TOWNSHIP	
d. FULL NAME OF HOSPITAL OR INSTITUTION Rt. 2 FULTON, MO		d. STREET ADDRESS (If rural, give location) Rt. 2. FULTON, MO	

3. NAME OF DECEASED (Type or Print) a. (First) MARTHA	b. (Middle) ALICE	c. (Last) HALL	4. DATE OF DEATH (Month) (Day) (Year) Dec 3rd 1951
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5. SEX FEMALE	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH MAR. 27, 1874	9. AGE (In years last birthday) 77	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 HR. Hours	IF UNDER 1 HR. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE	10b. KIND OF BUSINESS OR INDUSTRY HOME	11. BIRTHPLACE (State or foreign country) CALLAWAY CO. MISSOURI	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME THOMAS FARMER	13b. MOTHER'S MAIDEN NAME MARY DICKINSON	14. NAME OF HUSBAND OR WIFE ED HALL
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. NONE	17. INFORMANT'S SIGNATURE OR NAME Mrs Carl Mashek	ADDRESS Fulton, MO
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last: DUE TO (b) Diabetes for several years 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 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) Fulton, Callaway, MO
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) M. Barrett, M.D. Coroner	23b. ADDRESS Fulton, MO	23c. DATE SIGNED 12/4/51
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE Dec. 5, 1951	24c. NAME OF CEMETERY OR CREMATORY CALLAWAY MEMORIAL GARDENS	24d. LOCATION (City, town, or county) (State) FULTON, MO
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DATE REC'D BY LOCAL REG. Dec. 8-1951	REGISTRAR'S SIGNATURE Maretha Lawrence	426	25. FUNERAL DIRECTOR'S SIGNATURE MAUPIN FUNERAL HOME	ADDRESS FULTON MO
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

File No.
DISTRICT HEALTH OFFICE No. 4

RECEIVED
DEC 21 1951

JAN 18 1952

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 Fulton 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.