

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

458

State File No.

FILED JAN 15 1952

BIRTH NO. _____ REG. DIST. NO. 47 PRIMARY REG. DIST. NO. 3008 Registrar's No. 7

0143
2

WRITE PLAINLY—USING UNFADING 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>Mo.</u> b. COUNTY <u>Barroll</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>Barrollow.</u> <u>0171</u>	
c. LENGTH OF STAY (In this place) <u>4 days</u>		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>State Hospital No. 1.</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>KATE</u>		b. (Middle) <u>WARD.</u>	
c. (Last)		4. DATE OF DEATH (Month) (Day) (Year) <u>1 10 52</u>	
5. SEX <u>F.</u>	6. COLOR OR RACE <u>W.</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widow.</u>	8. DATE OF BIRTH <u>10-27-1967</u>
9. AGE (In years last birthday) <u>84</u>		IF UNDER 1 YEAR Months <u>2</u> Days <u>13</u>	IF UNDER 24 HRS. Hours <u></u> Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housework.</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>	11. BIRTHPLACE (State or foreign country) <u>Illinois.</u> <u>1</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			
13a. FATHER'S NAME <u>Charles Shelton.</u>		13b. MOTHER'S MAIDEN NAME <u>Emma Ray.</u>	
14. NAME OF HUSBAND OR WIFE <u>D.K.</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>State Hospital records.</u>		ADDRESS <u>Fulton Mo</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic myocarditis.</u>		INTERVAL BETWEEN ONSET AND DEATH	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.			
ANTECEDENT CAUSES		DUE TO (b) <u>Arteriosclerotic heart disease.</u>	
DUE TO (c) <u>Generalized arteriosclerosis.</u>			
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 <u>4200</u>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
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) (m.)		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 <u>1-5-52</u> , 19 <u>52</u> , to <u>1-10-52</u> , 19 <u>52</u> , that I last saw the deceased alive on <u>1-10-52</u> , 19 <u>52</u> , and that death occurred at <u>8:35 P.M.</u> , from the causes and on the date stated above.			
23. SIGNATURE (Degree or title) <u>J. B. Caldwell M.D. 59 AFwegokd.</u>		23b. ADDRESS <u>Fulton Mo.</u>	
23c. DATE SIGNED <u>1-10-52.</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Jan-13-1952</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Blairstown Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Blairstown, Mo</u>	
DATE REC'D BY LOCAL REG. <u>Jan-11-1952</u>		REGISTRAR'S SIGNATURE <u>Martha Lawrence</u> <u>426</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Wallace Funeral Home.</u>		ADDRESS <u>Fulton Mo</u>	

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 Denzil C. Browning

Licensed Embalmer No. 2724

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.