

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

7585

State File No.

FILED APR 15 1952

BIRTH NO. _____		REG. DIST. NO. <u>47</u>		PRIMARY REG. DIST. NO. <u>3008</u>		Registrar's No. <u>131</u>	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)			
a. COUNTY <u>Callaway</u> ⁰¹⁴³		c. LENGTH OF STAY (In this place) <u>2</u>		a. STATE <u>Mo</u>		b. COUNTY <u>Saline</u> ⁰⁹⁷¹	
b. CITY (If outside corporate limits, write RURAL, and give township) <u>Fulton</u>		c. CITY (If outside corporate limits, write RURAL, and give township) <u>Slater</u>		d. STREET ADDRESS (If rural, give location) _____			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>State Hospital No. Fulton Mo</u>							
3. NAME OF DECEASED			4. DATE OF DEATH				
a. (First) <u>Dina</u>		b. (Middle) _____	c. (Last) <u>Loik</u>		(Month) (Day) (Year)		<u>4-10-1952</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widow</u> ²	8. DATE OF BIRTH <u>10-8-1866</u>		9. AGE (In years last birthday) <u>85</u>	IF UNDER 1 YEAR Months <u>6</u> Days <u>2</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>None</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>none</u>		11. BIRTHPLACE (State or foreign country) <u>Washington Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Dr. K.</u>		13b. MOTHER'S MAIDEN NAME <u>Dr. K.</u>		13c. NAME OF HUSBAND OR WIFE <u>Dr. K.</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>No</u>		17. INFORMANT'S SIGNATURE OR NAME <u>State Hospital No. Fulton</u>		ADDRESS <u>Mo</u>	
18. CAUSE OF DEATH				MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH
Enter only one cause per line for (a), (b), and (c)				I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic Myocarditis</u>			
*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>Senile dementia</u>			
				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 : <u>4222</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>4-10</u> , 19 <u>52</u> , to <u>4-10</u> , 19 <u>52</u> , that I last saw the deceased alive on <u>4-10</u> , 19 <u>52</u> , and that death occurred at <u>2:20 P.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>M J Muller</u> (Degree or title) <u>Mo</u>				23b. ADDRESS <u>State Hospital Fulton Mo</u>		23c. DATE SIGNED <u>4-10-52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>April 10, 1952</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Hope</u>		24d. LOCATION (City, town, or county) (State) <u>Missouri Mo.</u>	
DATE REC'D BY LOCAL REG. <u>April-10-1952</u>		REGISTRAR'S SIGNATURE <u>Martha Lawrence</u> ⁴²⁶⁻⁰		25. FUNERAL DIRECTOR'S SIGNATURE <u>Vernon Morton Linn</u>		ADDRESS <u>Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

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 Vernon M. Molton

Licensed Embalmer No. 4125

P. O. Address Linn, 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.