.S. No. 300
ev. 10-46

FILED AUG 25 1952

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 27354

BIRTH NO. _____ REG. DIST. NO. 47 PRIMARY REG. DIST. NO. 3008 Registrar's No. 289

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

1. PLACE OF DEATH Fulton MMO
a. COUNTY Calloway
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Fulton Mo
c. LENGTH OF STAY (In this place) 3 Mo.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) State Hospital No 1.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY Ralls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Center Ralls Co 0870
d. STREET ADDRESS (If rural, give location) /

3. NAME OF DECEASED (Type or Print)
a. (First) Vivie
b. (Middle) E Brothers
c. (Last)

4. DATE OF DEATH (Month) (Day) (Year) Aug-21-52

5. SEX Female
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed
8. DATE OF BIRTH Sept- 9th- 1864
9. AGE (In years last birthday) 87 — IF UNDER 1 YEAR Months 11 Days 12 — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House wife
10b. KIND OF BUSINESS OR INDUSTRY Keeping own home
11. BIRTHPLACE (City and State or Foreign Country) Indiana
12. CITIZEN OF WHAT COUNTRY? U S A.

13a. FATHER'S NAME Hiram Burgess
13b. MOTHER'S MAIDEN NAME Margaret Canady
14. NAME OF HUSBAND OR WIFE U.K.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) No
16. SOCIAL SECURITY NO. None
17. INFORMANT'S SIGNATURE OR NAME Hospital Records Fulton, 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypostatic Pneumonia

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Fracture of Right Hip
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH: 8/12/52

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19a. DATE OF OPERATION None
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Ward H & W.
21c. (CITY, TOWN, OR TOWNSHIP) Fulton Mo. (COUNTY) Calloway (STATE) Mo
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Aug- 12 52 7 Am.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR? Pt Slipped and fell on the ward

22. *I hereby certify that I attended the deceased from* Aug-12-52, 19 8, *to* Aug 21-52 19___, *that I last saw the deceased alive on* Aug-20-52 19___, *and that death occurred at* 7:25 A m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) [signature] Fowler M W
23b. ADDRESS Fulton Mo.
23c. DATE SIGNED 8/21/52

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE Aug 24.52
24c. NAME OF CEMETERY OR CREMATORY Center
24d. LOCATION (City, town, or county) Center (State) Mo.

DATE REC'D BY LOCAL REG. Aug 23. 1952
REGISTRAR'S SIGNATURE Maretta Lawrence 426
25. FUNERAL DIRECTOR'S SIGNATURE Maupin Funeral Home ADDRESS Fulton Mo

(Licensed Embalmer's Statement on Reverse Side)

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. V. Rosson

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.