

No. 300
10-48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

27363

State File No.

143
2
AUG 18 1952

BIRTH NO. _____ REG. DIST. NO. 47 PRIMARY REG. DIST. NO. 3008 Registrar's No. 283

1. PLACE OF DEATH a. COUNTY <u>Calloway</u> <u>State Hospital No 1.</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Randolph</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Fulton</u>		c. LENGTH OF STAY (If in this place) <u>18</u> <u>hr</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>State Hospital no 1.</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Moberly Mo</u> OR TOWN	
		d. STREET ADDRESS (If rural, give location) <u>/</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Clara</u>	b. (Middle) <u>Emely</u>	c. (Last) <u>Hill</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Aug- 11. 1952</u>
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>May- 20- 1875</u>	9. AGE (In years last birthday) <u>77</u>	IF UNDER 1 YEAR Months <u>2</u> Days <u>22</u>	IF UNDER 24 HRS. Hours <u></u> Min. <u></u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House wife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Keeping House</u>	11. BIRTHPLACE (State or foreign country) <u>Bloomfield Iowa</u>	12. CITIZEN OF WHAT COUNTRY? <u>U. S. Sa</u>
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13a. FATHER'S NAME <u>Wm T Moble</u>	13b. MOTHER'S MAIDEN NAME <u>Ella Vaner</u>	14. NAME OF HUSBAND OR WIFE <u>D. K.</u>
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Hospital Records</u> ADDRESS <u>Fulton Mo.</u>
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>24 hrs</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hypostatic Pneumonia</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Following Fractured Hip</u> DUE TO (c) <u></u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>E9037</u> <u>20</u>			

19a. DATE OF OPERATION <u>None</u>	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Ward at Hospital</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Fulton Mo. Calloway Mo.</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Aug- 6th- 52 9:18 a.m.</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Slipped and Fell on Floor</u>
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22. I hereby certify that I attended the deceased from Feb- 8- 51, 19, to Aug- 11- 52, 1952, that I last saw the deceased alive on 7:10 8/11/ 1952, and that death occurred at 7:10 A. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>D. Harry Fowler M.D.</u>	23b. ADDRESS <u>Fulton Mo</u>	23c. DATE SIGNED <u>8/11/52</u>
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24a. BURIAL (CREMATION, REMOVAL) (Specify) <u>Buried</u>	24b. DATE <u>Aug- 13- 1952</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Oakland Cem</u>	24d. LOCATION (City, town, or county) (State) <u>Moberly Mo</u>
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DATE REC'D BY LOCAL REG. <u>Aug- 11- 1952</u>	REGISTRAR'S SIGNATURE <u>Theretta Lawrence</u>	426-0	25. FUNERAL DIRECTOR'S SIGNATURE <u>Wallace Funeral Home, Fulton, Mo.</u> ADDRESS
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(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 William C. Fehse

Licensed Embalmer No. 4870

P. O. Address Hilton Ma

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.