

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

37886

State File No.

DEC 8 1952

BIRTH NO. REG. DIST. NO. 47 PRIMARY REG. DIST. NO. 3008 Registrar's No. 399

1. PLACE OF DEATH a. COUNTY <u>STATE HOSPITAL NO. 1</u> <u>CALLOWAY</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>CAMDEN</u>	
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>CAMDENTON</u> <u>0150</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>STATE HOSPITAL NO 1</u>		d. STREET ADDRESS (If rural, give location) <u>1</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>ROXIE</u>	b. (Middle) <u>WATERS</u>	c. (Last) <u>WATERS</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>NOV * 26</u> 1952
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Divorced 2</u>	8. DATE OF BIRTH <u>D. K.</u>	9. AGE (In years last birthday) <u>78</u>	IF UNDER 1 YEAR Month	IF UNDER 1 YEAR Days	IF UNDER 1 YEAR Hours	IF UNDER 1 YEAR Min.
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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 own home</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Indiana</u>	12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>
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13a. FATHER'S NAME <u>Dont know</u>	13b. MOTHER'S MAIDEN NAME <u>Dont Know</u>	14. NAME OF HUSBAND OR WIFE <u>Not Given</u>
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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>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
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Nephritis, Aggravated from shock of Fractured Hip.</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Chronic Arterio Sclerosis.</u> DUE TO (c) _____		
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>10/9/52</u>	19b. MAJOR FINDINGS OF OPERATION <u>Seperation at point of fracture Hip. 137</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT <input checked="" type="checkbox"/> (Specify) <u>SUICIDE HOMICIDE</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Fulton. Calloway Missouri</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Oct 2 1952 9</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 on Floor on Ward fell Broke</u>
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22. I hereby certify that I attended the deceased from 11/26/52, 1952, to 11/26/52, 1952, that I last saw the deceased alive on 11/26/52, 1952, and that death occurred at 10:15A m., from the causes and on the date stated above.

23a. SIGNATURE <u>James J. ...</u>	(Degree of title)	23b. ADDRESS <u>Fulton Mo.</u>	23c. DATE SIGNED <u>11/26/52</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>Nov. 26 1952</u>	24c. NAME OF CEMETERY OR CREMATORY <u>OK Eldon</u>	24d. LOCATION (City, town, or county) (State) <u>mi</u>
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DATE REC'D BY LOCAL REG. <u>Nov. 29-1952</u>	REGISTRAR'S SIGNATURE <u>Maretha Lawrence</u>	426-0	25. FUNERAL DIRECTOR'S SIGNATURE <u>Louis D. Phillips</u>	ADDRESS <u>Eldon, Mo.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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 Ernest L. Young

Licensed Embalmer No. 4785

P. O. Address Elden, 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.