

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.
Registrar's No. 20

FILED JAN 19 1953

BIRTH NO. REG. DIST. NO. 47 PRIMARY REG. DIST. NO. 3008

5. No. 300
EV. 10.48

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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>Missouri</u> b. COUNTY <u>Callaway</u>		
b. CITY (If outside corporate limits, write RURAL and give township) <u>Fulton</u>		c. LENGTH OF STAY (In this place) <u>46 days</u>	c. CITY (If outside corporate limits, write RURAL and give township) <u>Fulton</u>		<u>0143</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Callaway Hospital</u>			d. STREET ADDRESS (If rural, give location) <u>728 E. 8th Street</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>Dora</u>		b. (Middle) <u>Ellen</u>	c. (Last) <u>Vance</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Jan 15, 1953</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Divorced 3</u>	8. DATE OF BIRTH <u>Nov. 1, 1878</u>	9. AGE (In years last birthday) <u>74</u>	IF UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>at home</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Montgomery County Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
13a. FATHER'S NAME <u>Daniel Fitzpatrick</u>		13b. MOTHER'S MAIDEN NAME <u>Mildred Boatright</u>		14. NAME OF HUSBAND OR WIFE <u>Dr.</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>no</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Willard Murrell Fulton Missouri</u>			
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, asphemia, etc. It means the disease, injury, or complication which caused death.			MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Uremia</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Crony disease, arteriosclerosis</u> DUE TO (c) <u>Albuminuria</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>4201</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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>May 25, 1952</u> , to <u>Jan. 15, 1953</u> , that I last saw the deceased alive on <u>Jan. 14, 1953</u> , and that death occurred at <u>4:50 p.m.</u> , from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) <u>E. K. Johnson</u>			23b. ADDRESS <u>Fulton Mo</u>		23c. DATE SIGNED <u>16 Jan 53</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Jan 17/53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Bluffton Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Bluffton Missouri</u>		
DATE REC'D BY LOCAL REG. <u>Jan. 17-1953</u>	REGISTRAR'S SIGNATURE <u>Maretha Lawrence</u>		425-0	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Marpin Funeral Home 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

J. J. Patten

Licensed Embalmer No. *2555*

P. O. Address. *Hullon*

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.