

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

5022

State File No.

FILED FEB 16 1953

BIRTH NO. _____ REG. DIST. NO. 47 PRIMARY REG. DIST. NO. 3008 Registrar's No. 79

0143
2

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

1. PLACE OF DEATH a. COUNTY CALLOWAY		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE MISSOURI b. COUNTY PELTIS	
b. CITY OR TOWN FULTON MISSOURI		c. CITY OR TOWN SEDALIA MISSOURI	
c. LENGTH OF STAY (in this place) 5 yrs		d. Is Residence within limits of a city or incorporated town? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
d. FULL NAME OF HOSPITAL OR INSTITUTION STATE HOSPITAL NO 1.		e. STREET ADDRESS (If rural, give location) HOTEL ROYAL	
3. NAME OF DECEASED (Type or Print) a. (First) GLADYS b. (Middle) ATWOOD c. (Last) ENNIS			4. DATE OF DEATH (Month) (Day) (Year) FEB 9th 1953
5. SEX female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) widow	8. DATE OF BIRTH MAY - 12 1891
9. AGE (In years last birthday) 61	10. MONTHS 8	11. BIRTHPLACE (City and State or Foreign Country) Massachusetts	12. CITIZEN OF WHAT COUNTRY? U. S. A.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) D House wife		10b. KIND OF BUSINESS OR INDUSTRY House wife	
13a. FATHER'S NAME ARTHUR T ATWOOD		13b. MOTHER'S MAIDEN NAME NELLIE M. SEA NEY	
14. NAME OF HUSBAND OR WIFE ENNIS		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) DK	
16. SOCIAL SECURITY NO. DK		17. INFORMANT'S SIGNATURE OR NAME ADDRESS HOSPITAL RECORDS FULTON MO.	
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.			INTERVAL BETWEEN ONSET AND DEATH FEW MINUTES
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) ACUTE DILATATION OF THE HEART			
ANTECEDENT CAUSES DUE TO (b) GENERALIZED ARTERIO SCLEROSIS			
DUE TO (c) PSYCHOSIS WITH CEREBRAL ARTERIO SCLEROSIS.			
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 306X	
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) (Min)		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>Jan-28-1948</u> , to <u>Feb-9th</u> , 19 <u>53</u> , that I last saw the deceased alive on <u>Feb-9th</u> , 19 <u>53</u> , and that death occurred at <u>9:30A</u> m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <i>Ernest Spencer MD</i>		23b. ADDRESS FULTON MISSOURI	
23c. DATE SIGNED 2/9th/53			
24a. BURIAL CREMATION, REMOVAL (Specify) BURIAL		24b. DATE Feb 10/53	
24c. NAME OF CEMETERY OR CREMATORY Sedalia Mo		24d. LOCATION (City, town, or county) (State) Sedalia Mo	
DATE REC'D BY LOCAL REG. Feb 14 1953		REGISTRAR'S SIGNATURE <i>Maretha Lawrence</i> 426	
25. FUNERAL DIRECTOR'S SIGNATURE <i>Morgan Funeral Home</i>		ADDRESS Fulton	

(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.....
Signature of Student Embalmer

Signed *Glen Mays*.....

Licensed Embalmer No. *2728*.....

P. O. Address *Fulton, Pa.*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.