

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **5024**

FILED FEB 16 1953

BIRTH NO. _____ REG. DIST. NO. **47** PRIMARY REG. DIST. NO. **3008** Registrar's No. **74**

1. PLACE OF DEATH a. COUNTY Callaway		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Callaway	
b. CITY (If outside corporate limits, write RURAL and give township) Fulton		c. CITY (If outside corporate limits, write RURAL and give township) Fulton	
c. LENGTH OF STAY (in this place) 30 Days		d. STREET ADDRESS (If rural, give location) 201 W 7th St.	
d. FULL NAME OF HOSPITAL OR INSTITUTION Callaway Co. Hospital			

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH (Month) (Day) (Year)		
a. (First) Susan	b. (Middle) Virginia		c. (Last) Foy	Feb. 7 1953	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH April, 17, 1854	9. AGE (In years last birthday) 98	10. IF UNDER 1 YEAR 9 Months
					11. IF UNDER 24 HRS. 20 Hours
10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) housewife		10b. KIND OF BUSINESS OR INDUSTRY Home		11. BIRTHPLACE (City and State or Foreign Country) Callaway Co., Missouri	
				12. CITIZEN OF WHAT COUNTRY? U.S.A.	

13a. FATHER'S NAME Francis Brandon		13b. MOTHER'S MAIDEN NAME Ann Bennett		14. NAME OF HUSBAND OR WIFE D.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 Mrs. Ernest Hamilton ADDRESS Fulton, Mo.	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Virus Pneumonia		II. OTHER SIGNIFICANT CONDITIONS Had a fracture of femur 11 yrs ago. which caused inactivity			
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES			
		DUE TO (b) Arteriosclerosis Chronic Myocarditis			
		DUE TO (c) Had a fracture of femur 11 yrs ago. which caused inactivity			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
				492X	

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 **Jan 7, 1953**, to **Feb 7, 1953**, that I last saw the deceased alive on **Feb 7, 1953** and that death occurred at **12:30 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree of title) [Signature]		23b. ADDRESS Fulton Mo		23c. DATE SIGNED 2-10-53	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. NAME OF CEMETERY OR CREMATORY Hillcrest		24c. LOCATION (City, town, or county) (State) Fulton Mo	

DATE REC'D BY LOCAL REG Feb 10 - 1953		REGISTRAR'S SIGNATURE [Signature]		25. FUNERAL DIRECTOR'S SIGNATURE [Signature] ADDRESS Fulton Mo	
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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 Denzil C. Browning

Licensed Embalmer No. 7724

P. O. Address Fulton, Md.

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.