

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

5031

State File No.

FILED MAR 9 - 1953

BIRTH NO. _____ REG. DIST. NO. 47 PRIMARY REG. DIST. NO. 3008 Registrar's No. 98

0143g

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

1. PLACE OF DEATH a. COUNTY <u>CALLOWAY</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>GREEN</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>FULTON MO</u>	c. LENGTH OF STAY (In this place) <u>4 MONTHS</u>	c. CITY OR TOWN <u>SPRINGFIELD</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>STATE HOSPITAL NO 1.</u>		e. STREET ADDRESS (If rural, give location) <u>2435 north RAMSEY ST</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>FRED</u>		b. (Middle)	c. (Last) <u>LANG</u>
4. DATE OF DEATH (Month) (Day) (Year) <u>MARCH 5th 1953</u>			
5. SEX <u>male</u>	6. COLOR OR RACE <u>Negro</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widower</u>	8. DATE OF BIRTH <u>unknown</u>
9. AGE (In years last birthday) <u>81</u>	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 HR. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>none</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>none</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>dont know</u>	13b. MOTHER'S MAIDEN NAME <u>dont know</u>	14. NAME OF HUSBAND OR WIFE <u>dont know</u>	
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>dont know</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>HOSPITAL RECORDS FULTON MO.</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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION <u>Lobar Pneumonia</u> INTERVAL BETWEEN ONSET AND DEATH <u>3-1-53</u>	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Lobar Pneumonia Bi Lateral</u>		DUE TO (b) _____	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (c) _____	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<u>Fell from bed, and broke a rib</u> <u>2/27/53</u>	
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>NO</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE* HOMICIDE <u>Accident</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Fell from bed broke a rib</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>FULTON CALLOWAY 13th MISSOURI</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>FEB 27 55</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>accidentally fell from bed.</u>	
22. I hereby certify that I attended the deceased from <u>JAN 15 53</u> to <u>Mar 5 53</u> , that I last saw the deceased alive on <u>Mar 5 53</u> , and that death occurred at <u>5:00P</u> m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Marion Fowler MD</u>		23b. ADDRESS <u>Fulton Missouri</u>	23c. DATE SIGNED <u>Mar 5th 53</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>buried</u>	24b. DATE <u>Mar 9-1953</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Yagelwood Cem Springfield Mo</u>	24d. LOCATION (City, town, or county) (State) <u>Springfield Mo</u>
DATE REC'D BY LOCAL REG <u>Mar 6-1953</u>	REGISTRAR'S SIGNATURE <u>Martha Lawrence</u>	FUNERAL DIRECTOR'S SIGNATURE <u>W.P. Caulfield</u>	ADDRESS <u>Springfield 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.....
Signature of Student Embalmer

Signed *H. P. Campbell*

Licensed Embalmer No. *174*
P. O. Address *Springfield*

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.