

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 13334

FILED MAY 4 1953

BIRTH NO. REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 196

1. PLACE OF DEATH a. COUNTY <u>Duchanan</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>St Joseph</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Jackson</u>	
c. LENGTH OF STAY (in this place) <u>374-11 mo</u>		d. STREET ADDRESS (If rural, give location) <u>914 E 12th St.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>State Hospital no 2</u>		e. CITY (If outside corporate limits, write RURAL and give township) <u>Jackson</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Fannie</u> b. (Middle) <u>M.</u> c. (Last) <u>Wotham</u>		4. DATE OF DEATH (Month) <u>April</u> (Day) <u>29</u> (Year) <u>1953</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>	8. DATE OF BIRTH <u>not given</u>
9. AGE (In years last birthday) <u>80-</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Seamstress</u>	
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (City and State or Foreign Country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>not given</u>		13b. MOTHER'S MAIDEN NAME <u>not given</u>	
14. NAME OF HUSBAND OR WIFE <u>not given</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>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>John H. Louden</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, asthma, etc. It means the disease, injury, or complication which caused death.		19. ADDRESS <u>914 E 12th St. No 2</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>480X</u>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21. INTERVAL BETWEEN ONSET AND DEATH <u>3-4 days</u>	
21. MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Broncho-Pneumonia</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Influenza</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.		22. I hereby certify that I attended the deceased from <u>Feb 8</u> , 1953, to <u>April 29</u> , 1953, that I last saw the deceased alive on <u>April 28</u> , 1953, and that death occurred at <u>3:20</u> p.m., from the causes and on the date stated above.	
23a. SIGNATURE <u>Forrest Thomas M.D.</u>		23b. ADDRESS <u>St Joseph Mo. 7th & Olive Hwy No 2</u>	
23c. DATE SIGNED <u>4/29-53</u>		24. ACCIDENT SUICIDE HOMICIDE (Specify)	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
24c. DATE <u>Apr. 29 1953</u>		24d. NAME OF CEMETERY OR CREMATORY <u>Kirkville College</u>	
24e. LOCATION (City, town, or county) (State) <u>Kirkville Mo.</u>		25. HOW DID INJURY OCCUR?	
25a. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		25b. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	
DATE REC'D BY LOCAL REG. <u>May 1, 1953</u>		REGISTRAR'S SIGNATURE <u>Heather M. Allison</u>	
25c. FUNDAL DIRECTOR'S SIGNATURE <u>Clark Funeral Home</u>		25d. ADDRESS <u>120 Illinois av</u>	

(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 *Emma Clark*

Licensed Embalmer No. 4238

P. O. Address *St Joseph 740*

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.