V.S. No. 300
Rev. 10-48

FILED SEP 8 - 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

27927

State File No.

BIRTH NO. REG. DIST. NO. 47 PRIMARY REG. DIST. NO. 3008 Registrar's No. 294

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

1. PLACE OF DEATH
a. COUNTY: Callaway
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Fulton
c. LENGTH OF STAY (In this village): 12 Days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Callaway Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Callaway
c. CITY OR TOWN: Fulton
d. Is Residence within limits of a city or incorporated town? Yes [X] No [ ]
e. STREET ADDRESS (If rural, give location): 104 E. 4th Street 0143

3. NAME OF DECEASED (Type or Print)
a. (First): Celia
b. (Middle): Ann
c. (Last): Eads

4. DATE OF DEATH (Month) (Day) (Year): Sept. 3, 1953

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Divorced
8. DATE OF BIRTH: Aug. 23, 1866
9. AGE (In years last birthday): 87
If under 1 year: Months / Days
If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Assistant
10b. KIND OF BUSINESS OR INDUSTRY: Soda Fountain
11. BIRTHPLACE (City or Town, State or Foreign Country): Callaway County Mo
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: John Herring
13b. MOTHER'S MAIDEN NAME: Amanda Knight
14. NAME OF HUSBAND OR WIFE: —DK

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 493 32 8649
17. INFORMANT'S SIGNATURE OR NAME: Mrs. Floyd Maddox
ADDRESS: 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute lymphocytic leukemia — INTERVAL BETWEEN ONSET AND DEATH: 2-3 month

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death.* Diabetes mellitus — 2 years

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: 2040
20. AUTOPSY? YES [ ] NO [X]

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 [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* June 29, 1951, *to* Sept. 3, 1953, *that I last saw the deceased alive on* Sept. 3, 1953, *and that death occurred at* 8:40 P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Patricia F. Lanier, M.D.
23b. ADDRESS: 607 Court St., Fulton
23c. DATE SIGNED: 9/5/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Sept. 6, 1953
24c. NAME OF CEMETERY OR CREMATORY: New Bloomfield
24d. LOCATION (City, town, or county) (State): New Bloomfield Mo.

DATE REC'D BY LOCAL REG.: Sept. 5-1953
REGISTRAR'S SIGNATURE: Maretta Lawrence 4267
25. FUNERAL DIRECTOR'S SIGNATURE: Mangum Funeral Home
ADDRESS: Fulton Mo.

(Licensed Embalmer's Statement on Reverse Side)

NOV 30 1966

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 .....

Licensed Embalmer No. 3722

P. O. Address .....

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.