

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

27931

FILED AUG 18 1953

State File No.

BIRTH NO. REG. DIST. NO. 47 PRIMARY REG. DIST. NO. 3008 Registrar's No. 275

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 SHELBYVILLE b. COUNTY SHELBY					
b. CITY (If outside corporate limits, write RURAL and give OR TOWN FULTON MISSOURI)		c. LENGTH OF STAY (in this place) 10 yrs	c. CITY OR TOWN SHELBYVILLE MO		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 STATE HOSPITAL NO 1			e. STREET ADDRESS (If rural, give location) 1020 1					
3. NAME OF DECEASED (Type or Print) a. (First) Michael		b. (Middle) ly	c. (Last) Healy		4. DATE OF DEATH (Month) (Day) (Year) August 11 1953			
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH May- 15 1883	9. AGE (In years last birthday) 70	IF UNDER 1 YEAR Months 2 Days 26			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farming	11. BIRTHPLACE (City and State or Foreign Country) Macon County Mo		12. CITIZEN OF WHAT COUNTRY? U. S. A.			
13a. FATHER'S NAME John Healy		13b. MOTHER'S MAIDEN NAME Lou ? Not Finished		14. NAME OF HUSBAND OR WIFE Julia Ann Healy				
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. None Given	17. INFORMANT'S SIGNATURE OR NAME Hospital Records.		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, ashenia, etc. It means the disease, injury, or complication which caused death.			MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* Hypertensive heart disease ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Generalized Arterio-sclerosis DUE TO (c) Hypertrophy of Prostate II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			INTERVAL BETWEEN ONSET AND DEATH		
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) m.	21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> 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 May 7/10/ May 7/10/ 1953 , to 8/11/53 , 19___, that I last saw the deceased alive on 8/11/53 , 19___, and that death occurred at 8:55 A m., from the causes and on the date stated above.								
23a. SIGNATURE Henry Fowler (Degree or title) D.			23b. ADDRESS Fulton Mo		23c. DATE SIGNED 8/11/53			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Aug-13-1953	24c. NAME OF CEMETERY OR CREMATORY Hillcrest Cem.	24d. LOCATION (City, town, or county) (State) Fulton Mo					
DATE REC'D BY LOCAL REG. Aug-11-1953	REGISTRAR'S SIGNATURE Maretha Lawrence	426	25. FUNERAL DIRECTOR'S SIGNATURE Wallace Funeral Home		ADDRESS Fulton, Mo.			

AUG 18 1953

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 *Denzil C. Browning*.....

Licensed Embalmer No. *2724*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.