

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

27940

State File No. ....

FILED SEP 8 - 1953

BIRTH NO. .... REG. DIST. NO. 47 PRIMARY REG. DIST. NO. 3008 Registrar's No. 289

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

1. PLACE OF DEATH a. COUNTY <b>CALLOWAY</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY <b>CHARITON</b>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>FULTON MISSOURI</b>		c. LENGTH OF STAY (In this place) <b>12 yrs</b>	c. CITY OR TOWN <b>BRUNSWICK MO</b>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>STATE HOSPITAL NO 1</b>			e. STREET ADDRESS (If rural, give location) <b>0210</b>		
3. NAME OF DECEASED (Type or Print) a. (First) <b>BLANCHE</b> b. (Middle) <b>MORHEAD</b> c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) <b>SEPT* 2nd 1953</b>		
5. SEX <b>Female</b>	6. COLOR OR RACE <b>Colored</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Divorced</b>	8. DATE OF BIRTH <b>Nov-21-1876</b>	9. AGE (In years last birthday) <b>76</b>	10. IF UNDER 1 YEAR Months <b>9</b> Days <b>11</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>None</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>none past 12 yrs</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>BRUNSWICK MISSOURI</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
13a. FATHER'S NAME <b>ALBERT OUTLAW</b>		13b. MOTHER'S MAIDEN NAME <b>LIZZIE HINDS</b>	14. NAME OF HUSBAND OR WIFE <b>NOT given</b>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>		16. SOCIAL SECURITY NO. <b>none given</b>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Hospital records FULTON MO</b>		
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.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Chronic Myo-Carditis</b>  ANTECEDENT CAUSES <b>Generalized Arterio Sclerosis</b> DUE TO (b) 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.				INTERVAL BETWEEN ONSET AND DEATH
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT (Specify) <b>HOMICIDE</b>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>4221</b>		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		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 <b>July 1, 1953</b> , 19___, to <b>Sept-2nd, 1953</b> , that I last saw the deceased alive on <b>Sept 1, 1953</b> , and that death occurred at <b>4:35 A. m.</b> , from the causes and on the date stated above.					
23a. SIGNATURE <b>Marl P. Kepler M.D. By J Henry Fowler M.D.</b>			23b. ADDRESS <b>Fulton Missouri</b>		23c. DATE SIGNED <b>9/2/53</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		24b. DATE <b>Sept. 4, 1953</b>	24c. NAME OF CEMETERY OR CREMATORY <b>City, Elm</b>	24d. LOCATION (City, town, or county) (State) <b>Brunswick Mo</b>	
DATE REC'D BY LOCAL REG. <b>Sept 2-1953</b>		REGISTRAR'S SIGNATURE <b>Maretha Lawrence</b>	FUNDING NO. <b>426-</b>	FUNDING DIRECTOR'S SIGNATURE ADDRESS <b>Wallace Funeral Home, Fulton, Mo</b>	

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 *Harold 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.