

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

35196

State File No. ....

FILED NOV 2 - 1953

BIRTH NO. .... REG. DIST. NO. 47 PRIMARY REG. DIST. NO. 3008 Registrar's No. 351

1. PLACE OF DEATH a. COUNTY Callaway		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Callaway	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Fulton	c. LENGTH OF STAY (in this place) 1 Month	c. CITY OR TOWN Fulton	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 Stewart Nursing Home		e. STREET ADDRESS (If rural, give location) 7 W 7th St., 0143 0	

3. NAME OF DECEASED (Type or Print) a. (First) Tobitha b. (Middle) Ann c. (Last) Qualls			4. DATE OF DEATH (Month) (Day) (Year) Oct. 30 1953			
5. SEX / Female	6. COLOR OR RACE / White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) / Widowed 2	8. DATE OF BIRTH / Dec-26-1867	9. AGE (In years last birthday) / 85	IF UNDER 1 YEAR Months 10 Days 4	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) / Housewife		10b. KIND OF BUSINESS OR INDUSTRY / Home	11. BIRTHPLACE (City and State or Foreign Country) / Readsville, Missouri 0		12. CITIZEN OF WHAT COUNTRY? / U.S.A.	

13a. FATHER'S NAME / Charles Henderson	13b. MOTHER'S MAIDEN NAME / Martha Jane Curtis	14. NAME OF HUSBAND OR WIFE / D.K.
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) / No	16. SOCIAL SECURITY NO. / None	17. INFORMANT'S SIGNATURE OR NAME / Mrs. A.M. Sulgrove, Martinsburg, Mo	ADDRESS
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) / Pulmonary Edema		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) / Fractured femur five months earlier by falling in the back road DUE TO (c) /		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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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) 137
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from May 12, 1953, to Oct 30, 1953, that I last saw the deceased alive on Oct 30, 1953, and that death occurred at 5 a. m., from the causes and on the date stated above.

23a. SIGNATURE / [Signature]	(Degree of title)	23b. ADDRESS / Fulton Mo	23c. DATE SIGNED / 10-30-53
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24a. BURIAL, CREMATION, REMOVAL (Specify) / Burial	24b. DATE / Nov-1-1953	24c. NAME OF CEMETERY OR CREMATORY / Bethel Cemetery	24d. LOCATION (City, town, or county) (State) / Readsville Mo
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DATE REC'D BY LOCAL REG. / Oct. 31, 1953	REGISTRAR'S SIGNATURE / [Signature]	426	25. FUNERAL DIRECTOR'S SIGNATURE / Wallace Funeral Home	ADDRESS / Fulton Mo
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(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.....  
Signature of Student Embalmer

Signed *William E. Trebeck*

Licensed Embalmer No. *4870*

P. O. Address *Fulton*

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.