

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

BIRTH FILED FEB 15 1954 REG. DIST. NO. 47 PRIMARY REG. DIST. NO. 3008 Registrar's No. 37

|   |   |  |   |
|---|---|--|---|
| 1. PLACE OF DEATH<br>a. COUNTY <u>Callaway</u>  |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <u>Mo</u> b. COUNTY <u>Saline</u> |   |
| b. CITY (If outside corporate limits, write RURAL and give town)<br><u>Miami Fulton</u> | c. LENGTH OF STAY (in this place township)<br><u>27 1/2 hrs, 2d</u> | c. CITY OR TOWN<br><u>Miami</u>  | d. Is Residence within limits of a city or incorporated town?<br>Yes <input type="checkbox"/> No <input type="checkbox"/> |
| d. FULL NAME OF HOSPITAL OR INSTITUTION<br><u>State Hospital No. 1</u>                  |   | e. STREET ADDRESS (If rural, give location)<br><u>unk</u> <u>0910</u><br><u>1</u>  |   |

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| 3. NAME OF DECEASED (Type or Print)<br>a. (First) <u>BESSIE</u> | b. (Middle) <u>-</u> | c. (Last) <u>FOOT</u> | 4. DATE OF DEATH (Month) (Day) (Year)<br><u>Feb 8 1954</u> |
|---|----------------------|-----------------------|--|

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|-------------------------|----------------------------------|--|---------------------------------|---|
| 5. SEX<br><u>Female</u> | 6. COLOR OR RACE<br><u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)<br><u>married</u> | 8. DATE OF BIRTH<br><u>unk.</u> | 9. AGE (In years last birthday) <u>53</u> IF UNDER 1 YEAR Months <u>?</u> IF UNDER 24 HRS. Days <u>?</u> Hours <u>?</u> Min. <u>?</u> |
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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><u>House work</u> | 10b. KIND OF BUSINESS OR INDUSTRY<br><u>Same</u> | 11. BIRTHPLACE (City and State or Foreign Country)<br><u>U. S. A.</u> | 12. CITIZEN OF WHAT COUNTRY?<br><u>U. S. A.</u> |
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|----------------------------------|---|--|
| 13a. FATHER'S NAME<br><u>unk</u> | 13b. MOTHER'S MAIDEN NAME<br><u>unk</u> | 14. NAME OF HUSBAND OR WIFE<br><u>Wm. FOOT</u> |
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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)<br><u>no</u> | 16. SOCIAL SECURITY NO.<br><u>none</u> | 17. INFORMANT'S SIGNATURE OR NAME<br><u>State Hospital No. 1 Records - Fulton Mo</u> | ADDRESS<br><u>Fulton Mo</u> |
|--|--|--|-----------------------------|

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| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*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) <u>Coronary Heart Disease</u>   |  |                                  |
|   | ANTECEDENT CAUSES<br>Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br><br>DUE TO (b) _____<br><br>DUE TO (c) _____ |  |                                  |
| II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death.<br><u>Pulmonary Tuberculosis</u>  |  |  |                                  |

|                        |   |  |
|------------------------|---|--|
| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION<br><u>4201 A</u> | 20. AUTOPSY?<br>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) |
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|  |  |                            |
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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? |
|--|--|----------------------------|

22. I hereby certify that I attended the deceased from 1 Sept 1953, to 8 Feb 1954, that I last saw the deceased alive on 8 Feb 1954, and that death occurred at 4:30 p. m., from the causes and on the date stated above.

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|---|----------------------------------|-------------------------------------|
| 23a. SIGNATURE (Degree or title)<br><u>James R. Hunter (Geo) M.D.</u> | 23b. ADDRESS<br><u>Fulton Mo</u> | 23c. DATE SIGNED<br><u>8 Feb 54</u> |
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|   |                            |   |  |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify)<br><u>Removal</u> | 24b. DATE<br><u>2-9-54</u> | 24c. NAME OF CEMETERY OR CREMATORY<br><u>anatomical Board</u> | 24d. LOCATION (City, town, or county) (State).<br><u>Columbia Mo</u> |
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|   |   |  |                               |
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| DATE REC'D BY LOCAL REG.<br><u>Feb 9 1954</u> | REGISTRAR'S SIGNATURE<br><u>Maretha Lawrence</u> <u>426</u> | 25. FUNERAL DIRECTOR'S SIGNATURE<br><u>J. O. Roberto</u> | ADDRESS<br><u>Columbia Mo</u> |
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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**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.....

P. O. Address.....

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.**  
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.