

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **29973**

FILED OCT 11 1954

BIRTH NO. _____ REG. DIST. NO. **47** PRIMARY REG. DIST. NO. **3008** Registrar's No. **281**

2

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 institution) a. STATE Mo b. COUNTY Calloway	
b. CITY OR TOWN Fulton		c. CITY OR TOWN Marionburg	
c. LENGTH OF STAY (in this place) 3y-7		d. Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION State Hospital Mo.		e. STREET ADDRESS (If rural, give location) 0040	

3. NAME OF DECEASED (Type or Print) a. (First) MAGGIE b. (Middle) ESTELLE c. (Last) MARDING			4. DATE OF DEATH (Month) (Day) (Year) Oct 5 1954		
5. SEX F		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widow	
8. DATE OF BIRTH Jan 28 1870		9. AGE (in years last birthday) 84		IF UNDER 1 YEAR IF UNDER 1 HR. Hours Min. 8 12	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) Alabama	
12. CITIZEN OF WHAT COUNTRY? American		13a. FATHER'S NAME Attahway R Davis		13b. MOTHER'S MAIDEN NAME Luella Pulledge	
14. NAME OF HUSBAND OR WIFE DK		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 State Hosp #1 Records		18. 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, asthma, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Myocarditis		INTERVAL BETWEEN ONSET AND DEATH	
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. Senility					
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)		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 **9-14 1954**, to **10-5 1954**, that I last saw the deceased alive on **10-4 1954**, and that death occurred at **59** m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) JR Hunter MD		23b. ADDRESS State Hosp Fulton Mo		23c. DATE SIGNED 10-25-54	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 10-7-54		24c. NAME OF CEMETERY OR CREMATORY Marionburg	
24d. LOCATION (City, town, or county) (State) Marionburg Mo		25. FUNERAL OR RECTOR'S SIGNATURE AB Wells		ADDRESS Kellsville Mo	

DATE REC'D BY LOCAL REG. Oct. 9. 1954		REGISTRAR'S SIGNATURE Martha Lawrence		426	
--	--	--	--	-----	--

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 *A B Keller*.....

Licensed Embalmer No. *158*

P. O. Address *Keller*.....

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.