

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED JAN 17 1956

State File No. **447**

BIRTH NO. _____ REG. DIST. NO. **47** PRIMARY REG. DIST. NO. **3008** Registrar's No. **7**

0143

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

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. CITY OR TOWN Fulton	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (In this place) 2 1/2 Yrs		e. STREET ADDRESS (If rural, give location) 836 Grand Ave	
d. FULL NAME OF HOSPITAL OR INSTITUTION Home 836 Grand			

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3. NAME OF DECEASED (Type or Print) a. (First) Mary b. (Middle) Virginia c. (Last) Althiser			4. DATE OF DEATH (Month) (Day) (Year) Jan 8 1956		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced	8. DATE OF BIRTH Sept 7. 1869	9. AGE (In years last birthday) 86	IF UNDER 1 YEAR: Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Cook		10b. KIND OF BUSINESS OR INDUSTRY Cook	11. BIRTHPLACE (City and State or Foreign Country) Callaway Co, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Lemuel Lawrence		13b. MOTHER'S MAIDEN NAME Margaret Deering		14. NAME OF HUSBAND OR WIFE Herbert Althiser	
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. 497-16-3137		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Roy Althiser Fulton, MO R# 4	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage		DUE TO (b) Cardio-vascular Hypertension			10 days	
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		DUE TO (c) Influenza Virus Inf.				
II. OTHER SIGNIFICANT CONDITIONS Dehydrated enlarged						

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 481X			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) 1 8 1956 p.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 **12-30, 1955**, to **1-8, 1956**, that I last saw the deceased alive on ~~Jan 1/6, 1956~~ and that death occurred at **10:19 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) M.D. Payne		23b. ADDRESS M.D. Payne R# 3 Fulton Mo		23c. DATE SIGNED 1/9/1956	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Jan 10-1956		24c. NAME OF CEMETERY OR CREMATORY Hillcrest	
				24d. LOCATION (City, town, or county) (State) Fulton, Mo	

DATE REC'D BY LOCAL REG. Jan 9. 1956		REGISTRAR'S SIGNATURE Martha Lawrence 426		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Shallice Funeral Home, Fulton, Mo.	
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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 Arthur P. Masure, Student Embalmer No. 519 working under my personal supervision..

Student Arthur P. Masure
Signature of Student Embalmer

Signed Demil E. Browning
Licensed Embalmer No. 2726

P. O. Address Fulton, 2

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.