

FILED FEB 7 1956

STANDARD CERTIFICATE OF DEATH

State File No. 488

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| BIRTH NO. | | REG. DIST. NO. 47 | PRIMARY REG. DIST. NO. 3008 | Registrar's No. 43 |
| 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) 9 days | | e. STREET ADDRESS (If rural, give location) 210 W. 7th Street 01450 | | |
| d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Callaway Memorial Hospital | | | | |
| 3. NAME OF DECEASED (Type or Print) | a. (First) Edith | b. (Middle) Mae | c. (Last) Stucker | 4. DATE OF DEATH (Month) (Day) (Year) Jan. 30, 1956 |
| 5. SEX Female | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed | 8. DATE OF BIRTH Oct. 8, 1875 | 9. AGE (In years last birthday) 80 |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired | | 10b. KIND OF BUSINESS OR INDUSTRY housewife | 11. BIRTHPLACE (City and State or Foreign Country) Callaway County MO | 12. CITIZEN OF WHAT COUNTRY? USA |
| 13a. FATHER'S NAME William Bagby | | 13b. MOTHER'S MAIDEN NAME Winnie Davis | 14. NAME OF HUSBAND OR WIFE Henry H. Stucker | |
| 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. No | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS J.R. Stucker Emporia Kansas | |
| 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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) TERMINAL PNEUMONIA ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) FRACTURED PELVIS DUE TO (c) FALL II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 1) C.V.A. 2) DECADITO 2) CONG. FAILURE | | INTERVAL BETWEEN ONSET AND DEATH 3 DAYS 8 DAYS 8 DAYS |
| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | | 9049 45 | 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 4 JULY, 1956, to 30 JAN, 1956, that I last saw the deceased alive on 29 JAN, 1956 and that death occurred at 7:40 P.M., from the causes and on the date stated above. | | | | |
| 23a. SIGNATURE (Degree or title) James E. Hise MD | | 23b. ADDRESS 607 COURT, FULTON, MO | 23c. DATE SIGNED Feb 2, 1956 | |
| 24a. BURIAL, CREMATION REMOVAL (Specify) Burial | 24b. DATE Feb. 1, 1956 | 24c. NAME OF CEMETERY OR CREMATORY Mokane | 24d. LOCATION (City, town, or county) (State) Mokane Missouri. | |
| DATE REC'D BY LOCAL REG. Feb. 4 - 1956 | REGISTRAR'S SIGNATURE/ 42670 Marethta Lawrence | FUNERAL DIRECTOR'S SIGNATURE ADDRESS Wagoner Funeral Home Fulton Mo | | |

(Licensed Embalmer's Statement on Reverse Side)

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

FEB 20 1958

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. 255

P. O. Address *Fullerton*

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.