FILED JUN 12 1956

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

15728
STATE FILE NUMBER

Registration District No. 47 Primary Registration District No. 3008 Registrar's No. 161

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, give TOWNSHIP only) OR TOWN Fulton — Inside Limits Yes ☐ X No ☐	c. CITY OR TOWN Fulton — Inside Limits Yes X No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Home — Length of stay in lb 13 Yrs	d. STREET ADDRESS (If outside, give location) 602 Jefferson St — Reside on Farm Yes ☐ No X

3. NAME OF DECEASED (Type or print)	First: William	Middle: Amos	Last: Metcalf	4. DATE OF DEATH	Month: June	Day: 8	Year: 1956
5. SEX: Male	6. COLOR OR RACE: White	7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED X 2 DIVORCED ☐	8. DATE OF BIRTH: July-18-1864	9. AGE (In years last birthday): 91	IF UNDER 1 YEAR Months: 10 Days: 20	IF UNDER 24 HRS. Hours: Min.:	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Gen. Mds.	10b. KIND OF BUSINESS OR INDUSTRY: & Furniture	11. BIRTHPLACE (City and state or country): Near New Bloomfield, Mo	12. CITIZEN OF WHAT COUNTRY? U.S.A.				
13. FATHER'S NAME: Aaron Metcalf	14. MOTHER'S MAIDEN NAME: Elizabeth Scott						
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.: None	17. INFORMANT: J. A. Metcalf	Address: Fulton, Missouri				

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Coronary sclerosis

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Gen Arterio sclerosis

DUE TO (c)

INTERVAL BETWEEN ONSET AND DEATH

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a): Had a stroke about 10 yrs. Imenians.

19. WAS AUTOPSY PERFORMED? YES ☐ NO X

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 4201

20c. TIME OF INJURY. Hour a. m. p. m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from April 7/56, to June 8-56 and last saw her/him alive on June 5th/56. Death occurred at 10 25 a.m. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): R. W. Grimes M.D.	22b. ADDRESS: Fulton Mo.	22c. DATE SIGNED: 6/8/56	
23a. BURIAL, CREMATION, REMOVAL (Specify): Burial	23b. DATE: june, 10, 1956	23c. NAME OF CEMETERY OR CREMATORY: Hillcrest	23d. LOCATION (City, town, or county): Fulton (State): Mo
24. FUNERAL DIRECTOR: Wallace Funeral Home	ADDRESS: Fulton Mo	25. DATE RECD. BY LOCAL REG.: June 8-1956	26. REGISTRAR'S SIGNATURE: Maretta Lawrence

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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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

by me, or by ....., Student Embalmer No....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Darryl C. Brownin

Licensed Embalmer No. 2

P. O. Address Tulla

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.