Health, Welfare Public Service

300
1-56

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER 33295

FILED OCT 22 1956

Registration District No. 47 Primary Registration District No. 3008 Registrar's No. 269

1. PLACE OF DEATH
a. COUNTY CALLAWAY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN FULTON — Inside Limits Yes X No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION STATE HOSPITAL # 1 — Length of stay in 1b 67 DAYS

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE MISSOURI b. COUNTY COOPER
c. CITY OR TOWN BLACKWATER 0270 — Inside Limits Yes ☐ No ☐
d. STREET ADDRESS — (If outside, give location) — Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print): First NELLIE Middle A. Last CRAMER

4. DATE OF DEATH Month Day Year OCTOBER 15, 1956

5. SEX FEMALE

6. COLOR OR RACE WHITE

7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐

8. DATE OF BIRTH 12-22-1887

9. AGE (In years last birthday) 69 — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE

10b. KIND OF BUSINESS OR INDUSTRY HOME

11. BIRTHPLACE (City and state or country) PILOT GROVE, MISSOURI

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME JAMES P. TALLY

14. MOTHER'S MAIDEN NAME ISABELL KIRKPATRIC

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 Address STATE HOSPITAL # 1, 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) Pyeloneplintis
Conditions, if any, which gave rise to above cause (a); stating the underlying cause last.
DUE TO (b) Arteriosclerotic cardio vascular renal disease
DUE TO (c) Large sacral decubitus ulcers
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) 442X

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

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

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 8-9-56 to 10-15-56 and last saw alive on XXXXXXXXXXXXXXXXXX
Death occurred at 11:57 am m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE R. C. Robertson (Degree or title) R. C. ROBERTSON, M. D.

22b. ADDRESS STATE HOSPITAL # 1, FULTON, MO.

22c. DATE SIGNED 10-15-56

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial

23b. DATE Oct. 17-1956

23c. NAME OF CEMETERY OR CREMATORY Walnut Grove

23d. LOCATION (City, town, or county) Boonville (State) MO

24. FUNERAL DIRECTOR Goodman & Baller ADDRESS Boonville Mo

25. DATE RECD. BY LOCAL REG. Oct. 15-1956

26. REGISTRAR'S SIGNATURE Maretta Lawrence

(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

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 emb

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

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed William Wood

Licensed Embalmer No. 45

P. O. Address Bonneville

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