

diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

33316

FILED OCT 29 1956

STATE FILE NUMBER

Registration District No. 47 Primary Registration District No. 3008 Registrar's No. 275

1. PLACE OF DEATH a. COUNTY <b>CALLAWAY</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY <b>SCHUYLER</b>		
b. CITY (If outside corporate limits, give TOWNSHIP only) Inside Limits OR TOWN <b>FULTON</b> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <b>QUEEN CITY</b> Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS <b>NONE</b> (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>STATE HOSPITAL</b> Length of stay in lb <b>4 1/2 YRS</b>			4. DATE OF DEATH <b>OCT. 22, 1956</b>		
3. NAME OF DECEASED (Type or print) <b>VERDA STINSON</b> First Middle Last			4. DATE OF DEATH <b>OCT. 22, 1956</b> Month Day Year		
5. SEX <b>FEMALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>MARCH 20, 1881</b>	9. AGE (In years last birthday) <b>75</b> IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>HOUSE KEEPER</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>HOME</b>	11. BIRTHPLACE (City and state or country) <b>MISSOURI ADAIR COUNTY</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
13. FATHER'S NAME <b>WILLIAM FARMER</b>			14. MOTHER'S MAIDEN NAME <b>NEOMA WILSON</b>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <b>NO</b> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <b>NONE</b>	17. INFORMANT <b>STATE HOSPITAL NO I FULTON MO</b> Address		
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>ARTERIO-SCLEROTIC HEART DISEASE</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>ARTERIO-SCLEROSIS</b> DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) _____					INTERVAL BETWEEN ONSET AND DEATH
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)		
20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m.					
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) <b>STATE HOSPITAL</b>		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from <b>3-7-52</b> to <b>OCT. 22, 1956</b> and last saw <b>her</b> alive on <b>OCT. 22, 1956</b> Death occurred at <b>7 PM</b> on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <b>H. G. Freed</b> (Degree or title) <b>M.D.</b>			22b. ADDRESS <b>STATE HOSPITAL - FULTON</b>		22c. DATE SIGNED <b>Oct. 22, 1956</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>Oct. 24, 1956</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Queen City Cemetery</b>		23d. LOCATION (City, town, or county) (State) <b>Queen City Mo</b>
24. FUNERAL DIRECTOR <b>Wallace Funeral Home, Fulton Mo</b> ADDRESS		25. DATE RECD. BY LOCAL REG. <b>Oct. 22-1956</b>		26. REGISTRAR'S SIGNATURE <b>Martha Lawrence</b>	

(Licensed Embalmer's Statement on Reverse Side)

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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 ....., Student Embalmer No.....  
working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed *Denzil C. Browning*

Licensed Embalmer No. *27*

P. O. Address *Fulton*

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.