

FILED JAN 14 1957

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

487

STATE FILE NUMBER

Registration District No. 47 Primary Registration District No. 3008 Registrar's No. 1

1. PLACE OF DEATH a. COUNTY <u>Callaway</u>		2. USUAL RESIDENCE (Where deceased lived. If institution; Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Callaway</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR <u>Fulton</u> TOWN		c. CITY <u>Fulton</u> OR <u>014</u> TOWN <u>014</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Callaway Hospital</u>		d. STREET ADDRESS <u>210 W. 7th St.</u>	
Length of stay in hospital <u>1 Day</u>		Reside on Farm <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

3. NAME OF DECEASED (Type or print) <u>Margaret</u>			4. DATE OF DEATH Month <u>Jan</u> Day <u>5</u> Year <u>1957</u>		
First <u>Margaret</u> Middle <u>Wibbell</u> Last <u>Wibbell</u>					
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>Aug-16-1875</u>	9. AGE (In years last birthday) <u>81</u>	IF UNDER 1 YEAR Months <u>4</u> Days <u>19</u> Hours <u></u> Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>	11. BIRTHPLACE (City and state or country) <u>Harrison Co., Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S. A.</u>	
13. FATHER'S NAME <u>Thomas Hart Benton Walker</u>			14. MOTHER'S MAIDEN NAME <u>Eleanora Woodworth</u>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT Address <u>Mrs. Fay Christopher Fulton, Mo.</u>		

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>aplastic anemia (Primary)</u>		INTERVAL BETWEEN ONSET AND DEATH <u>+ 10 yrs.</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>cause unknown</u>		
DUE TO (c) <u>2924</u>		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) <u>arteriosclerotic heart disease - years</u>		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

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 <u></u> Month, Day, Year a. m. <u></u> p. m. <u></u>		
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.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 3/1/45 to 1/5/57 and last saw her her alive on 1/5/57  
Death occurred at 8:40 P.M. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) <u>Henry D. ... M.D.</u>	22b. ADDRESS <u>Fulton, Mo.</u>	22c. DATE SIGNED <u>1/7/57</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Buried</u>	23b. DATE <u>Jan-8-1957</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Tull Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>Pontoosuc Illinois</u>
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24. FUNERAL DIRECTOR ADDRESS <u>Wallace Funeral Home, Fulton, Mo.</u>	25. DATE RECD. BY LOCAL REG. <u>Jan-7-1957</u>	26. REGISTRAR'S SIGNATURE <u>Margaret Lawrence</u>
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(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 causally 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 embalmed by me, or by ....., Student Embalmer No. .... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed *Hector R. Masure*.....

Licensed Embalmer No. *49*.....

P. O. Address *Sulton*.....

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.