FILED FEB 26 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

3932
STATE FILE NUMBER

Registration District No. 47 Primary Registration District No. 3008 Registrar's No. 46

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 HOSPITAL OR INSTITUTION (If NOT in hospital, give location) STATE HOSPITAL #1 — Length of stay in 1b 8 YRS.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE MISSOURI b. COUNTY MARION
c. CITY OR TOWN HANNIBAL 0644 0 — Inside Limits Yes ☐ No ☐
d. STREET ADDRESS (If outside, give location) — Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print) First ELLEN Middle M. Last TRESSELL
4. DATE OF DEATH Month FEB. Day 20, Year 1957
5. SEX FEMALE
6. COLOR OR RACE WHITE
7. MARRIED X NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH 9-4-64
9. AGE (In years last birthday) 92 — 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) INDIANA
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME WILLIAM STEEL
14. MOTHER'S MAIDEN NAME ESTHER ANSPAUGH
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, MO.

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) SENILITY — INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) ARTERIOSCLEROSIS
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 4500
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.) 0
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. X STATE HOSPITAL #1 I attended the deceased from 7-26-49 to 2-20-57 ~~and last saw him alive on~~
Death occurred at 1:05 p.m. on the date stated above; and to the best of my knowledge, from the causes stated.
22a. SIGNATURE (Degree or title) R. C. Robertson 0 R. C. ROBERTSON, M.D.
22b. ADDRESS STATE HOSPITAL #1, FULTON, MO.
22c. DATE SIGNED 2-20-57
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE Feb. 22-1957
23c. NAME OF CEMETERY OR CREMATORY Hope Cemetery
23d. LOCATION (City, town, or county) Hannibal (State) Mo
24. FUNERAL DIRECTOR Wallace Funeral Home ADDRESS Fulton, Mo
25. DATE REC'D BY LOCAL REG. Feb. 20-1957
26. REGISTRAR'S SIGNATURE Maretta Lawrence

(Licensed Embalmer's Statement on Reverse Side)

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

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em

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

working under my personal supervision.

Student.....
Signature of Student Embalmer

Signed Denzil C. Browni

Licensed Embalmer No. 2-7

P. O. Address Hulto

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.