

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

4484

FILED FEB 18 1957

Registration District No. 137

Primary Registration District No. 4218

Registor's No. 386

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY Henry			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY Henry		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Windsor			c. CITY OR TOWN Windsor 0420 0		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Community Conv. Home			Length of stay in lb 7 weeks		d. STREET ADDRESS (If outside, give location) 303 E Benton St.
3. NAME OF DECEASED (Type or print) First Margaret Middle ANN Last Dumolt			4. DATE OF DEATH Month Feb Day 9 Year 1957		
5. SEX Fe	6. COLOR OR RACE W	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Sept. 27, 1871		9. AGE (In years last birthday) 85
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY None		11. BIRTHPLACE (City and state or country) Marshall Mo. o	
13. FATHER'S NAME Christopher Fitzsimmons			14. MOTHER'S MAIDEN NAME Theodonia Trigg		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None		17. INFORMANT Mrs. W. R. Ingram Address Windsor, Mo	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Chronic nephritis Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) (Bright's disease) 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)					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.) 592x		
20c. TIME OF INJURY Hour 7:15 Month Feb Day 8 Year 1957 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.)			20f. CITY, TOWN, OR LOCATION Marshall		
20g. COUNTY Mo.			20h. STATE Mo.		
21. I attended the deceased from Jan 1 - 57 , to Feb 8 - 1957 and last saw her alive on 2-8-57 Death occurred at 7:15 p m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE H. M. Wall			22b. ADDRESS Windsor Mo		22c. DATE SIGNED 2/11/57
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE Feb. 12, 1957	23c. NAME OF CEMETERY OR CREMATORY Ridge Park		23d. LOCATION (City, town, or county) (State) Marshall Mo.
24. FUNERAL DIRECTOR Ellis Huston		ADDRESS Windsor, Mo.		25. DATE RECD. BY LOCAL REG. 2-13-57	26. REGISTRAR'S SIGNATURE Mildred Bigum

(Licensed Embalmer's Statement on Reverse Side)

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 embalmed
by me, or by, Student Embalmer No.
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Clifford Gouge*.....

Licensed Embalmer No. *50*

P. O. Address *Windsor,*

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.