

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER **9807**

FILED MAR 19 1957

Registration District No. **316** Primary Registration District No. **4461** Registrar's No. **91**

Health, Welfare
Public Service

300
1-56

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

1. PLACE OF DEATH a. COUNTY St. Francois			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri Washington		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Bismarck		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Concord Twp. 1100		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Colonial Rest Home		Length of stay in lb 9 da.	d. STREET ADDRESS 3 mi. NW of Bismarck		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First MINNIE Middle BELLE Last DENTON			4. DATE OF DEATH Month March Day 13 Year 1957		
5. SEX female	6. COLOR OR RACE white	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Oct. 27 1870	9. AGE (In years last birthday) 86 IF UNDER 1 YEAR Months 4 Days 16 IF UNDER 24 HRS. Hours Min. 	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) at home		10b. KIND OF BUSINESS OR INDUSTRY own home		11. BIRTHPLACE (City and state or country) Bismarck, Missouri	
13. FATHER'S NAME Clay Wallen			14. MOTHER'S MAIDEN NAME Nancy Tullock		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) no		16. SOCIAL SECURITY NO. no		17. INFORMANT Lee Denton, Arcadia, Missouri	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Inanition and debilitation					INTERVAL BETWEEN ONSET AND DEATH 3 mo
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Prolonged recumbency					3 mo
DUE TO (c) Fracture neck neck, right femur 9040					3 mo.
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) 21 Old Age					19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 2
20a. ACCIDENT <input checked="" 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.) Patient fell		
20c. TIME OF INJURY Hour 9:00 Month 12 Day 26 Year 56 a. m. p. m.					
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) Home		20f. CITY, TOWN, OR LOCATION 094 COUNTY St. Francois STATE Mo	
21. I attended the deceased from 12-26-56 to 3-13-57 and last saw him her alive on 3-13-57 Death occurred at #81607# 8:24AM on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Name or title) R. G. Hendigant D. J.			22b. ADDRESS Bismarck, Mo.		22c. DATE SIGNED 3-14-57
23a. BURIAL, CREMATION, REMOVAL (Specify) burial		23b. DATE 3-15-57		23c. NAME OF CEMETERY OR CREMATORY Masonic Cemetery	
			23d. LOCATION (City, town, or county) (State) Bismarck, Missouri		
24. FUNERAL DIRECTOR White Funeral Home, Bismarck Mo. Annel F. White			25. DATE RECD. BY LOCAL REG. Mar. 14, 1957		26. REGISTRAR'S SIGNATURE Esther Redloff

(Licensed Embalmer's Statement on Reverse Side)

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 *Arnell White*.....

Licensed Embalmer No. *3012*

P. O. Address *Quinton*.....

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