

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED DEC 23 1957

46917

STATE FILE NUMBER

Registration District No. 324 Primary Registration District No. 3072 Registrar's No. 239

S. 3000
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 causally 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 Saline				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Saline			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Marshall. Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>				c. CITY OR TOWN Marshall. Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR RESIDENCE Fitzgibbon Hospital-7days- Length of stay in lb				d. STREET ADDRESS (If outside, give location) 1304 S. Conway Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
3. NAME OF DECEASED (Type or print) Lulu First Hattie Mae Middle Banty Last				4. DATE OF DEATH December 16, 1957 Month December Day 16 Year 1957			
5. SEX Female		6. COLOR OR RACE Negro		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH May 18, 1901	
9. AGE (In years last birthday) 56		IF UNDER 1 YEAR Months 56 Days 56 Hours 56 Min. 56		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) Booneville, Missouri				12. CITIZEN OF WHAT COUNTRY? U.S.A.			
13. FATHER'S NAME Garrett Tindall				14. MOTHER'S MAIDEN NAME Gertrude Hayes			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No.		16. SOCIAL SECURITY NO. none		17. INFORMANT Mr. Ollie Wm. Banty, Marshall, Missouri 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) Virus Influenza about 25 days about 42 days DUE TO (b) Exposure & Infection DUE TO (c) Congestive Heart Disease Don't know Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)							
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.) 481X					
20c. TIME OF INJURY Hour 7:50 a. m. Month November Day 21 Year 1957							
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, Missouri		20g. COUNTY Marshall STATE Missouri	
21. I attended the deceased from November 21, 1957 to December 16th and last saw her alive on 12-15-57 Death occurred at 7:50 a. m. on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) Waile N. Madison M.D.				22b. ADDRESS 151 W. Marion, Marshall, Missouri		22c. DATE SIGNED 12/18/57	
23a. BURIAL (Specify) Burial		23b. DATE 12/19/57		23c. NAME OF CEMETERY OR Fairview Cemetery		23d. LOCATION (City, town, or county) Marshall, Missouri (State)	
24. FUNERAL DIRECTOR George H. Green, Marshall, Mo. ADDRESS				25. DATE REC'D. BY LOCAL REG. December 18, 57		26. REGISTRAR'S SIGNATURE Cecil G. Read	

(Licensed Embalmer's Statement on Reverse Side)

DEC 27 1962

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 _____

Licensed Embalmer No. 422

P. O. Address _____

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