

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

**446**

**FILED JAN 28 1958**

STATE FILE NUMBER

Registration District No. 47 Primary Registration District No. 3008 Registrar's No. 21

<b>1. PLACE OF DEATH</b> a. COUNTY <u>Callaway</u>		<b>2. USUAL RESIDENCE</b> (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 TOWN <u>Fulton</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>Fulton</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Callaway Hospital</u>		Length of stay in lb <u>2 Months</u>	d. STREET ADDRESS (If outside, give location) <u>806 Jefferson St</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

<b>3. NAME OF DECEASED</b> (Type or print)	First <u>Edith</u>	Middle	Last <u>Owen</u>	<b>4. DATE OF DEATH</b> Month <u>Jan</u> Day <u>22</u> Year <u>1958</u>
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<b>5. SEX</b> <u>Female</u>	<b>6. COLOR OR RACE</b> <u>White</u>	<b>7. MARRIED</b> <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	<b>8. DATE OF BIRTH</b> <u>Nov, 20, 1879</u>	<b>9. AGE</b> (In years last birthday) <u>78</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
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<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <u>Home</u>	<b>11. BIRTHPLACE</b> (City and state or country) <u>London, England</u>	<b>12. CITIZEN OF WHAT COUNTRY?</b> <u>U.S.A.</u>
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<b>13. FATHER'S NAME</b> <u>Albert Tattan Cook</u>	<b>14. MOTHER'S MAIDEN NAME</b> <u>Mary Erith</u>
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<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	<b>16. SOCIAL SECURITY NO.</b> <u>None</u>	<b>17. INFORMANT</b> <u>806 Jefferson St. Frank Owen Fulton, Missouri</u>
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<b>18. CAUSE OF DEATH</b> [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cerebrosis of Lenes</u>	<b>INTERVAL BETWEEN ONSET AND DEATH</b> <u>3 yrs.</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____	

<b>19. WAS AUTOPSY PERFORMED?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> <u>2</u>	<u>5810</u>
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<b>20a. ACCIDENT</b> <input type="checkbox"/> <b>SUICIDE</b> <input type="checkbox"/> <b>HOMICIDE</b> <input type="checkbox"/>	<b>20b. DESCRIBE HOW INJURY OCCURRED.</b> (Enter nature of injury in Part I or Part II of item 18.)
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<b>20c. TIME OF INJURY</b> Hour _____ a. m. _____ p. m. _____	<b>20d. INJURY OCCURRED</b> WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	<b>20e. PLACE OF INJURY</b> (e. g., in or about home, farm, factory, street, office bldg., etc.)	<b>20f. CITY, TOWN, OR LOCATION</b>	<b>COUNTY</b>	<b>STATE</b>
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<b>21. I attended the deceased from</b> <u>Dec 1, 57</u> to <u>1-19-58</u> and last saw her alive on <u>1-19-58</u> Death occurred at <u>11:30 A m</u> on the date stated above; and to the best of my knowledge, from the causes stated.
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<b>22a. SIGNATURE</b> <u>John J. Brown MD</u> (Degree or title)	<b>22b. ADDRESS</b> <u>Fulton Md</u>	<b>22c. DATE SIGNED</b> <u>1-25-58</u>
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<b>23a. BURIAL, CREMATION, or other disposition</b> <u>Burial</u>	<b>23b. DATE</b> <u>Jan, 24, 1958</u>	<b>23c. NAME OF CEMETERY OR CREMATORY</b> <u>Hillcrest</u>	<b>23d. LOCATION</b> (City, town, or county) (State) <u>Fulton, Missouri</u>
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<b>24. FUNERAL DIRECTOR</b> <u>Wallace Funeral Home Fulton, Mo</u>	<b>ADDRESS</b>	<b>25. DATE RECD. BY LOCAL REG.</b> <u>Jan 25 - 1958</u>	<b>26. REGISTRAR'S SIGNATURE</b> <u>Maretta Lawrence</u>
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(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

APR 4 1958

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

Student.....  
Signature of Student Embalmer

Signed *Hector R. Masore*

Licensed Embalmer No. *491*

P. O. Address *Fulton,*

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.