

Health,
Welfare
Public
Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-004684
STATE FILE NUMBER

FILED FEB 24 1958

Registration District No. 47 Primary Registration District No. 3008 Registrar's No. 39

300
1-57

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

1. PLACE OF DEATH a. COUNTY <u>Callaway</u>		2. USUAL RESIDENCE (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 <u>Fulton</u> TOWN <u>Fulton Twp.</u>		c. CITY OR TOWN <u>Fulton Twp.</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Callaway Men. Hosp.</u>		d. STREET ADDRESS (If outside, give location) <u>RFD 5 Fulton Mo.</u>	
3. NAME OF DECEASED (Type or print) First <u>Eula</u> Middle <u>Price</u> Last <u>Hall</u>		4. DATE OF DEATH Month <u>Feb.</u> Day <u>12</u> Year <u>1958</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>March 21, 1893</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>at home</u>	11. BIRTHPLACE (City and state or country) <u>Auxvasse Missouri</u>
13a. FATHER'S NAME <u>Sterling Martin</u>		13b. MOTHER'S MAIDEN NAME <u>Laura Galwith</u>	14. NAME OF HUSBAND OR WIFE <u>Roy Hall</u>
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>unknown</u>	17. INFORMANT Address <u>Roy Hall Rt 5 Fulton Mo.</u>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cerebral Hemorrhage</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <u>Essential Hypertension</u> DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>331X</u>			INTERVAL BETWEEN ONSET AND DEATH <u>5 hrs</u> <u>5 yrs</u>
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.)	
20c. TIME OF INJURY Hour _____ a.m. _____ p.m.		20d. INJURY OCCURRED WHILE AT <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 COUNTY STATE	
21. I attended the deceased from <u>1938</u> to <u>Death</u> and last saw her alive on <u>2-12-58</u> Death occurred at <u>400 Puh</u> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>John B. Brown MD</u> (Degree or title)		22b. ADDRESS <u>Fulton Mo</u>	22c. DATE SIGNED <u>2-15-58</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>Feb. 14, 1958</u>	23c. NAME OF CEMETERY OR CREMATORY <u>White Cloud</u>	23d. LOCATION (City, town, or county) (State) <u>Callaway County Mo.</u>
24. FUNERAL DIRECTOR <u>Martin Fulton Mo</u>		25. DATE RECD. BY LOCAL REG. <u>Feb. 15-1958</u>	26. REGISTRAR'S SIGNATURE <u>Martha Lawrence</u>

Doctor, coroner, etc. must use only standard nomenclature in item 18. No synonyms will be stated. All diseases in Part I must be causally related.

MAR 10 1953

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 *J. V. Ross*
Licensed Embalmer No. *2555*

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

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.