

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-021144

STATE FILE NUMBER

FILED JUL 1 1958 Registration District No. 47 Primary Registration District No. 3008 Registrar's No. 146

1. PLACE OF DEATH a. COUNTY Callaway		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Callaway	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Fulton		c. CITY OR TOWN Fulton 6143 0	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Callaway Hosp		d. STREET ADDRESS 210 W 7th St.	
Length of stay in lb 4 Weeks		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) Mae		4. DATE OF DEATH June 24 1958	
5. SEX Female		6. COLOR OR RACE White	
7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> 2 DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH Feb 28, 1873	
9. AGE (In years last birthday) 85		IF UNDER 1 YEAR Months Days Hours Min.	
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) Callaway County, Mo		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME John David Jolley		14. MOTHER'S MAIDEN NAME Melissa Howard	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None	
17. INFORMANT Mrs. Helen Kohl		Address St. Louis, 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) Myocardial degeneration Gen Arterio sclerosis Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) 4221 DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)			INTERVAL BETWEEN ONSET AND DEATH
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 Month, Day, Year 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		COUNTY STATE	
21. I attended the deceased from May 27-58 to June 24-58 and last saw her alive on June 24/58 . Death occurred at 8:10 a.m. m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE W. D. Jones M.D.		22b. ADDRESS Fulton Mo	
22c. DATE SIGNED 6/25/58			
23a. BURIAL, CREMATION, REPOSING Burial		23b. DATE June 26, 1958	
23c. NAME OF CEMETERY OR CREMATORY White Cloud Cem.		23d. LOCATION (City, town, or county) (State) W. Fulton Mo	
24. FUNERAL DIRECTOR Wallace Funeral Home Fulton Mo		25. DATE RECD. BY LOCAL REG. June 25-1958	
ADDRESS		26. REGISTRAR'S SIGNATURE Martha Lawrence	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Death, however, due to natural causes. Coroner cannot certify to a death due to natural causes. Diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

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 *Alec R. Mason*.....

Licensed Embalmer No. *49*

P. O. Address *Julia*

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.