

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-022941

STATE FILE NUMBER

FILED JUN 30 1958

Registration District No. 295 Primary Registration District No. 6012 Registrar's No. 340

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 <u>Randolph</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Randolph</u>					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Rural-Chariton Township</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		c. CITY OR TOWN <u>Rural-Chariton Township</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>near Thomas Hill</u>			Length of stay in 1b <u>53 years</u>		d. STREET ADDRESS (If outside, give location) <u>near Thomas Hill</u>		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First <u>Fannie</u> Middle <u>Bell</u> Last <u>Turner</u>				4. DATE OF DEATH Month <u>June</u> Day <u>21</u> Year <u>1958</u>					
5. SEX <u>female</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <u>January 27, 1871</u>		9. AGE (In years last birthday) <u>87</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>home</u>		11. BIRTHPLACE (City and state or country) <u>Chariton County, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>United States</u>			
13. FATHER'S NAME <u>Samuel A. Wright</u>				14. MOTHER'S MAIDEN NAME <u>Sabrina Fawks</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>none</u>		17. INFORMANT Address <u>Mrs. Noma Harlan; R.R.; Cairo, Missouri</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>Toxemia due to chronic obstructive Cholecystitis &amp; liver dysfunction</u> DUE TO (b) <u>Chronic partial obstruction of liver ducts</u> DUE TO (c) <u>Chronic cholecystitis &amp; cholelithiasis cause unknown</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <u>Senile</u>								INTERVAL BETWEEN ONSET AND DEATH <u>584 X</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 <u>8:30</u> Month <u>6</u> Day <u>21</u> Year <u>1958</u> a. m. <u>p.</u>		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 <u>6-12-58</u> to <u>6-21-58</u> and last saw her <sup>her</sup> alive on <u>6-21-58</u> Death occurred at <u>8:30 p.</u> m on the date stated above; and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE <u>M. J. Patton</u> (Degree or title)				22b. ADDRESS <u>D.O. 2 109 N 5th, Moberly Mo</u>		22c. DATE SIGNED <u>6-23-58</u>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		23b. DATE <u>6-24-1958</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Thomas Hill Cemetery</u>		23d. LOCATION (City, town or county) (State) <u>Thomas Hill, Missouri</u>			
24. FUNERAL DIRECTOR <u>Tom B Patton</u> ADDRESS <u>Huntsville Mo</u>				25. DATE RECD. BY LOCAL REG. <u>June 26-58</u>		26. REGISTRAR'S SIGNATURE <u>Mary H Bentley</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

Student.....  
Signature of Student Embalmer

Signed *Tom B Patton*.....

Licensed Embalmer No. *39*.....

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

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.