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THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-024793
STATE FILE NUMBER

FILED JUL 29 1958 Registration District No. 47 Primary Registration District No. 3008 Registrar's No. 170

1. PLACE OF DEATH
a. COUNTY: Callaway
b. CITY OR TOWN: Fulton, Mo — Inside Limits: Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): State Hospital #1 — Length of stay in Ib: 9 yrs

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri
b. COUNTY: ST. CHARLES
c. CITY OR TOWN: St Charles, Mo. 0 923 — Inside Limits: Yes [ ] No [ ]
d. STREET ADDRESS (If outside, give location): 806 Jefferson — Reside on Farm: Yes [ ] No [ ]

Fulton, Mo.

3. NAME OF DECEASED (Type or print): First: Anna Middle: Mae Last: Callaway

4. DATE OF DEATH: Month: July Day: 22 Year: 1958

5. SEX: female 1
6. COLOR OR RACE: white
7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [X] DIVORCED [ ]
8. DATE OF BIRTH: May 20 1874
9. AGE (In years last birthday): 84 — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: 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): Missouri
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Sam Ricketts
13b. MOTHER'S MAIDEN NAME: Ellen Means
14. NAME OF HUSBAND OR WIFE: —

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: N/K
17. INFORMANT: State Hospital Records, Fulton, Mo. Address

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) — INTERVAL BETWEEN ONSET AND DEATH

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a): Cerebral Hemmorhage

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b):
DUE TO (c): 331 X

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

19. WAS AUTOPSY PERFORMED? YES [ ] NO [X]

20a. ACCIDENT [ ] SUICIDE [ ] HOMICIDE [ ]
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. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
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 4/17/58, to 7/22/58 and last saw her alive on 7/22/58
Death occurred at 9:20 P.M. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): E. C. KEPLER M.D.
22b. ADDRESS: State Hospital, Fulton, Mo.
22c. DATE SIGNED: 7/22/58

23a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
23b. DATE: JULY 24, 1958
23c. NAME OF CEMETERY OR CREMATORY: WALNUT RIDGE
23d. LOCATION (City, town, or county) (State): FAYETTE MISSOURI

24. FUNERAL DIRECTOR: MARKLAND-HALL ADDRESS: NEW FRANKLIN
25. DATE RECD. BY LOCAL REG.: July 23-1958
26. REGISTRAR'S SIGNATURE: Maretta Lawrence

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

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 D. Marbland

Licensed Embalmer No. 4592

P. O. Address New Franklin

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.