

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-035676
STATE FILE NUMBER

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 causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

FILED OCT 20 1958 Registration District No. 47 Primary Registration District No. 3008 Registrar's No. 229

1. PLACE OF DEATH a. COUNTY Callaway		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Stoddard			
b. CITY (If outside corporate limits, give TOWNSHIP only) Inside Limits OR TOWN Fulton Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN XXXXX Bell City Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION State Hosp. #1		Length of stay in 1b 8 yrs. 8 mos.	d. STREET ADDRESS (If outside, give location) Route #1 Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First MIDDLE Last ELOISE HUGHES			4. DATE OF DEATH Month Day Year Oct. 15, 1958		
5. SEX Female 3	6. COLOR OR RACE Colored	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> / DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 11-20-1910	9. AGE (In years last birthday) 47 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) Housework		10b. KIND OF BUSINESS OR INDUSTRY Home	11. BIRTHPLACE (City and state or country) Natchez, Mississippi / U.S.A.		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME James Warfield			14. MOTHER'S MAIDEN NAME Catherine Warfield ?????		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) unk.		16. SOCIAL SECURITY NO. unk.	17. INFORMANT Address State Hospital No. 1; Fulton, Missouri		
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c.)] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Pulmonary Tuberculosis					INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____					002X
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) Schizophrenic Reaction, Paranoid					19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 2
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 <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 2-18-1950 to 10-15-1958 Death occurred at 11:19 PM, 10.15.58 m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE Frank Nickerovich M.D. (Degree or title)			22b. ADDRESS State Hosp. #1, Fulton, Mo		22c. DATE SIGNED 10.15.58
23a. BURIAL, CREMATION, REMOVAL (Specify) Church	23b. DATE Oct-19-1958	23c. NAME OF CEMETERY OR CREMATORY Warfield Cemetery	23d. LOCATION (City, town, or county) (State) 7. St. Liberton Mo		
24. FUNERAL DIRECTOR ADDRESS Fred J. Smith 1212 Madison St. Liberton, Mo		25. DATE RECD. BY LOCAL REG. Oct-16-1958	26. REGISTRAR'S SIGNATURE Marjette Lawrence		

licensed Embalmer's Statement on Reverse Side)

DEC 19 1958

AUG 16 1960

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em-
by me, or by, Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Fred J. Smith*
Licensed Embalmer No. *44*

P. O. Address: *Sikeston*

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.