

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-039116

STATE FILE NUMBER

FILED DEC 15 1958		Registration District No. <u>47</u>	Primary Registration District No. <u>3008</u>	Registrar's No. <u>276</u>
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 TOWN <u>Fulton</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>Fulton</u>	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Home</u>		Length of stay in 1b <u>10 Yrs</u>	d. STREET ADDRESS (If outside, give location) <u>835 Westminster</u>	
3. NAME OF DECEASED (Type or print) First <u>Emma</u> Middle <u>Lucille</u> Last <u>Law</u>		4. DATE OF DEATH Month <u>Dec.</u> Day <u>11</u> Year <u>1958</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>Colored</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>July 12, 1901</u>	9. AGE (In years last birthday) <u>57</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, or if retired)		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country)	12. CITIZEN OF WHAT COUNTRY?
<u>Employed, Laundry State Hosp #1</u>		<u>State Hosp #1</u>	<u>Columbia, Missouri</u>	<u>U.S.A.</u>
13. FATHER'S NAME <u>Wallace Berry</u>		14. MOTHER'S MAIDEN NAME <u>Mary Fuller</u>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (Yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>500-34-3417</u>	17. INFORMANT <u>Eugene Law</u> Address <u>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>Acute Coronary Embolism</u>				INTERVAL BETWEEN ONSET AND DEATH <u>Immediate</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.				
DUE TO (b) <u>Chronic Myocarditis</u>				<u>4 Years</u>
DUE TO (c) <u>Hypertensive Disease</u>				<u>7 Years</u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) <u>Marked Obesity</u>				19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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.) <u>4201</u>		
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 <u>Feb. 8, 1958</u> to <u>Dec. 11, 1958</u> and last saw <u>her</u> alive on <u>Dec. 6, 1958</u> Death occurred at <u>6:30 p. m.</u> on the date stated above; and to the best of my knowledge, from the causes stated.				
22a. SIGNATURE (Degree or title) <u>Lloyd E. Hutchins, D. O.</u>		22b. ADDRESS <u>Fulton, Missouri</u>	22c. DATE SIGNED <u>12/12/1958</u>	
23a. BURIAL, CREMATION, REBURY, (S, C, R, V) <u>Burial</u>	23b. DATE <u>Dec-14, 1958</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Southside Cemetery</u>	23d. LOCATION (City, town, or county) <u>Fulton</u>	(State) <u>Mo</u>
24. FUNERAL DIRECTOR <u>Wallace Funeral Home, Fulton, Mo</u>		25. DATE RECD. BY LOCAL REG. <u>Dec-13-1958</u>	26. REGISTRAR'S SIGNATURE <u>Maretta Lawrence</u>	

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR REDDISH PINK INK IF POSSIBLE

JAN 2 1959

STATEMENT BY LICENSED EMBALMER

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

Student.....
Signature of Student Embalmer

Signed *Denzil C. Brown*

Licensed Embalmer No.

P. O. Address *Franklin*

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.