

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

25-000469

STATE FILE NUMBER

FILED FEB 9 1959 Registration District No. 47 Primary Registration District No. 3008 Registrar's No. 38

1. PLACE OF DEATH a. COUNTY CALLAWAY				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY New Madrid					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN FULTON		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN Catron		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION State Hosp. #1			Length of stay in lb 25yrs. lmo.		d. STREET ADDRESS (If outside, give location)		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First TOM Middle Last PRIMUS			4. DATE OF DEATH Month January Day 27, Year 1959						
5. SEX Male	6. COLOR OR RACE Colored	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH Jan. 15, 1876 Jan. 17, 1872		9. AGE (In years last birthday) 83		10. UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming			10b. KIND OF BUSINESS OR INDUSTRY Farm		11. BIRTHPLACE (City and state or country) West Memphis, Arkansas		12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13a. FATHER'S NAME unk.			13b. MOTHER'S MAIDEN NAME unk.			14. NAME OF HUSBAND OR WIFE unk.			
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) Fractured Hip and Pneumonia							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) _____									
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 <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.) ITEM 8, 9 3-19-59 PFS CORRECTED						
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.			BY: 1. AFFIDAVIT OF <u>State</u> 2. DOCUMENT <u>Home 4-1-59 No. 466 dated 11-18-1926</u>						
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 137		COUNTY		STATE	
21. Conditions of the deceased from 8-21-1934 to 1-27-59 and last seen her alive on _____ Death occurred at 7:25 a.m. on the date stated above; and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE <i>[Signature]</i>				22b. ADDRESS State Hospital No. 1; Fulton, Mo.			22c. DATE SIGNED 1-27-59		
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE Jan-31-1959	23c. NAME OF CEMETERY OR CREMATORY D.K. Poplar Bluff			23d. LOCATION (City, town, or country) Mo		(State)	
24. FUNERAL DIRECTOR Maupin Funeral Home, Fulton, Mo				25. DATE RECD. BY LOCAL REG. Feb 2-1959		26. REGISTRAR'S SIGNATURE <i>[Signature]</i>			

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

FEB 16 1959

VS MAR 13 1959

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 *Marshall C. Blackw*

Licensed Embalmer No. *4913*
P. O. Address *Fulton, Va*

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.