

SOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=61-040319

STATE FILE NUMBER

Registration District No. 47 Primary Registration District No. 3008 Registrar's No. 283
1. PLACE OF DEATH a. COUNTY Callaway b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN Fulton Length of stay in 1b 2 Yrs c. CITY OR TOWN Fulton Inside Limits Yes No
2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Callaway c. CITY OR TOWN Fulton Inside Limits Yes No
3. NAME OF DECEASED (Type or print) First Middle Last 4. DATE OF DEATH Month Day Year
5. SEX 6. COLOR OR RACE 7. Married Never Married Widowed Divorced 8. DATE OF BIRTH 9. AGE (last birthday) IF UNDER 1 YEAR IF UNDER 24 HR
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (City and state or country) 12. CITIZEN OF WHAT COUNTRY
13a. FATHER'S NAME 13b. MOTHER'S MAIDEN NAME 14. NAME OF HUSBAND OR WIFE
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) 16. SOCIAL SECURITY NO. 17. INFORMANT Address
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) myocardial infarction INTERVAL BETWEEN ONSET AND DEATH 2 1/2 hours
DUE TO (b) arteriosclerotic hypertensive CVR years
DUE TO (c) coronary insufficiency years
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) PART III. If deceased was female was there a pregnancy in last 90 days. Yes No Unknown
19. WAS AUTOPSY PERFORMED? YES NO 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 March 27, 1947 to 22 Nov. 1961 and last saw her alive on 14 Nov 61
Death occurred at 1:55 PM Nov. 22, 1961 m on the date stated above, and to the best of my knowledge, from the causes stated.
22a. SIGNATURE S. A. Gish 22b. ADDRESS 5 East 5th., Fulton, Mo. 22c. DATE SIGNED Nov. 24, 1961
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial 23b. DATE Nov. 24, 1961 23c. NAME OF CEMETERY OR CREMATORY Millers Creek Cemetery 23d. LOCATION (City, town, or county) (State) Rural Callaway Co, Mo
24. FUNERAL DIRECTOR ADDRESS 25. DATE RECD. BY LOCAL REG. 26. REGISTRAR'S SIGNATURE
Hallaces Funeral Home, Fulton, Mo Nov. 24 1961 Marjette Lawrence

DATE AMENDED

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

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 Leon Dale Toedtman, Student Embalmer No. 650
working under my personal supervision.

Student Leon Dale Toedtman
Signature of Student Embalmer

Signed Denzil C. Browning

Licensed Embalmer No. 2724

P. O. Address Fulton, MO

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.