

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

**63-043078**  
STATE FILE NUMBER

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 47 Primary Registration District No. 3008 Registrar's No. 348

DO NOT WRITE ON THIS STUB

AMENDED

**FILED DEC 9 1963**

VS 300	AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF DOCUMENT	DATE AMENDED
Rev. 4/59		
1 10/47		
2 2/1/40		
3		
4 1		
5 3		
6		
7 1		
8 2		
9 4/200		
10		
11		
12 93-2		
13 10		
ITEM NO. SHOULD READ BY AFFIDAVIT OF		

1. PLACE OF DEATH a. COUNTY <b>Callaway</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Mo.</b> b. COUNTY <b>Callaway</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Fulton</b>		Length of stay in 1b <b>15 mos</b>	c. CITY OR TOWN <b>Fulton</b>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>State Hospital #1</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <b>unk</b>
3. NAME OF DECEASED (Type or print) First <b>Matilda</b> Middle Last <b>Fichtel</b>		4. DATE OF DEATH Month <b>Nov.</b> Day <b>30,</b> Year <b>1963</b>	
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input checked="" type="checkbox"/>	8. DATE OF BIRTH <b>7/10/1880</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>House Keeper</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>home</b>	9. AGE (last birthday) <b>83</b>
13a. FATHER'S NAME <b>Carl Fichtel</b>		13b. MOTHER'S MAIDEN NAME <b>Lena Benitz</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>		16. SOCIAL SECURITY NO. <span style="border: 1px solid black; display: inline-block; width: 100px; height: 15px;"></span>	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Intestinal obstruction</b>		17. INFORMANT Address <b>State Hospital #1 Fulton, Mo</b>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>Arteriosclerotic heart disease</b>		12. CITIZEN OF WHAT COUNTRY <b>USA</b>	
DUE TO (c) <b>Generalized arteriosclerosis</b>		14. NAME OF HUSBAND OR WIFE <b>unknown</b>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		INTERVAL BETWEEN ONSET AND DEATH	
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.)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year		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 <b>State Hospital #1 8/13/62</b> , to <b>11/30/63</b> and last saw her <b>alive</b> on <b>11/30/63</b>		22c. DATE SIGNED <b>11/30/63</b>	
Death occurred at <b>10:10 PM</b> on the date stated above, and to the best of my knowledge, from the causes stated.		22b. ADDRESS <b>Fulton, Mo.</b>	
22a. SIGNATURE (Degree or title) <b>R. W. Marshall, D.O.</b>		23d. LOCATION (City, town, or county) (State) <b>Wathena, Kansas</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>12-3-63</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Christ Lutheran</b>	23e. DATE RECD. BY LOCAL REG. <b>Dec. 2-1963</b>
24. FUNERAL DIRECTOR <b>Maupin Funeral Home, Fulton, Mo.</b>		26. REGISTRAR'S SIGNATURE <b>Maretha Lawrence</b>	

USE BLACK INK OR TYPEWRITER RIBBON

**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 Thomas M. Emmons

Licensed Embalmer No. 5064

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.