

FILED APR 12 1940

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

10476

Do not use this space.

1. PLACE OF DEATH

(a) County Callaway Registration District No. 1.04
 (b) Township Fulton Primary Registration District No. 3.008 Registered No. 91
 (c) City Fulton (d) Street No. State Hospital # 1 St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

160 Barbara Cofer 3
 (a) Residence, No. Jamestown, 1400 St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) WIDOWED

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF D.K.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) D.K.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
63 DK DK

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife
 9. Industry or business in which work was done, as saw mill, bank, etc. HOME
 10. Date deceased last worked at this occupation (month and year) DK 11. Total time (years) spent in this occupation DK

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) D.K.

FATHER 13. NAME D.K.

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) D.K.

MOTHER 15. MAIDEN NAME D.K.

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) D.K.

17. INFORMANT (ADDRESS) Hospital Records.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Jamestown Mo DATE 8-27 1940

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Meister Funeral Home
Burnville Mo

20. FILED Mar 27, 1940 R. N. Creswell
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 26 1940

22. I HEREBY CERTIFY, That I attended deceased from Feb. 8 1940, to 14 March 26 1940

I last saw her alive on March 26 1940. Death is said to have occurred on the date stated above, at 7:40 P.M.

The principal cause of death and related causes of importance were as follows:

BRONCHOPNEUMONIA
Cerebral Arteriosclerosis

Other contributory causes of importance:

HYPERCHROMIC ANEMIA

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) Gornet Thomas, M. D.

(Address) State Hospital # 1
Fulton Mo

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.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed..... *Geo. A. Steckler*.....

Licensed Embalmer No. *3769*.....

P. O. Address..... *Palatka, Iowa*.....

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 this body is not embalmed, above space should be left blank.