

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **31330**

Registration District No. **14**

Primary Registration District No. **3008**

Registrar's No. **298**

14  
1  
2  
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

**1. PLACE OF DEATH:**

(a) County Callaway

(b) City or town Fulton

(c) Name of hospital or institution: State Hospital No. 2  
(If outside city or town limits, write "RURAL" and name of township)  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 4 yrs 11 m 9 d  
(Specify whether)

In this community \_\_\_\_\_  
years, months or days

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Mo (b) County Shelburne 14

(c) City or town County Jefferson 2  
(If outside city or town limits, write "RURAL")

(d) Street No. \_\_\_\_\_  
(If rural, give location)

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country 0

**3. (a) PRINT FULL NAME** Dr. Phillips

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex Male 5. Color or Race White 6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased AK  
(Month) (Day) (Year)

**8. AGE:** Years \_\_\_\_\_ Months \_\_\_\_\_ Days \_\_\_\_\_ If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

about 90

9. Birthplace AK (City, town, or county) (State or foreign country) 9

10. Usual occupation None

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name AK 9

13. Birthplace AK (City, town, or county) (State or foreign country) 9

14. Maiden name AK

15. Birthplace AK (City, town, or county) (State or foreign country) 9

16. (a) Informant Grand

(b) Address \_\_\_\_\_

17. (a) Removal (b) Date thereof Sept. 10, 1943  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place of burial or cremation Anatomical Board, Kirksville, Mo.

18. (a) Signature of funeral director Glenn G. Maupin

(b) Address 712 Court St. Fulton, Mo.

19. (a) Sept 16, 1943 (b) Josie Morawickoff  
(Date received local registrar) (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month Sept day 0 year 1943 hour 3 minute 0 M.

21. I hereby certify that I attended the deceased from 9/1, 1943, to 9/5, 1943; that I last saw him alive on 9/1, 1943; and that death occurred on the date and hour stated above.

Immediate cause of death acute Myocarditis

Due to arteriosclerosis

Due to \_\_\_\_\_

Other conditions (include pregnancy within 3 months of death) 93a

Major findings: Of operations \_\_\_\_\_ Of autopsy \_\_\_\_\_

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_

(b) Date of occurrence \_\_\_\_\_

(c) Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

(Specify type of place) While at work? \_\_\_\_\_ (e) Means of injury \_\_\_\_\_

23. Signature George G. Lewis (M. D. or other) MS  
Address Fulton Mo Date signed 9/6/43

Duration \_\_\_\_\_

**PHYSICIAN**

Underline the cause to which death should be charged statistically.

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**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... *Glen G. Manspin*  
Licensed Embalmer No. *2725*  
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 this body is not embalmed, fact should be so stated above.**