No. 300
10-48

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

FILED JAN 5 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 40867

BIRTH NO. _____ REG. DIST. NO. 47 PRIMARY REG. DIST. NO. 3008 Registrar's No. 354

1. PLACE OF DEATH
a. COUNTY Callaway 0143
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Fulton
c. LENGTH OF STAY (In this place) life
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) State Hospital no 1

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY Callaway 0140
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Fulton
d. STREET ADDRESS (If rural, give location) Route 5

3. NAME OF DECEASED (Type or Print) a. (First) Fay b. (Middle) Edith c. (Last) Wilsmeyer

4. DATE OF DEATH (Month) Dec (Day) 21 (Year) 1951

5. SEX Fem
6. COLOR OR RACE white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married
8. DATE OF BIRTH May 17, 1929
9. AGE (In years last birthday) 22 — IF UNDER 1 YEAR: Months 7, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) waitress
10b. KIND OF BUSINESS OR INDUSTRY restaurant
11. BIRTHPLACE (State or foreign country) Missouri 0
12. CITIZEN OF WHAT COUNTRY? U.S.

13a. FATHER'S NAME D. L. Neil
13b. MOTHER'S MAIDEN NAME L. Wannemeyer
14. NAME OF HUSBAND OR WIFE Melvin Wilsmeyer

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. DK
17. INFORMANT'S SIGNATURE OR NAME Es Neal sister ADDRESS Fulton

MEDICAL CERTIFICATION

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Lobar Pneumonia — INTERVAL BETWEEN ONSET AND DEATH 3 days

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Anterior poliomyelitis v.c.

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION 490X C
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Dec 7, 1951, *to* Dec 21, 1951, *that I last saw the deceased alive on* Dec 21, 1951, *and that death occurred at* 11 35A m., *from the causes and on the date stated above.*

23a. SIGNATURE J R Hunter (Degree or title) D MD
23b. ADDRESS Fulton Mo
23c. DATE SIGNED Dec 21

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE Dec. 23. 1951
24c. NAME OF CEMETERY OR CREMATORY Centrals
24d. LOCATION (City, town, or county) Fulton, (State) Mo.

DATE REC'D BY LOCAL REG. Dec 22-1951
REGISTRAR'S SIGNATURE Marella Lawrence 426
25. FUNERAL DIRECTOR'S SIGNATURE Glen G. Maupin ADDRESS Fulton, Mo

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
DEC 27 1951
DISTRICT HEALTH OFFICE No. 4
File No. _____

JUL 15 1960

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 _____
Student Embalmer

Signed Glen Y. Maupin

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 the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.