

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **4156**

FILED MAR 3 1952

REG. DIST. NO. **47** PRIMARY REG. DIST. NO. **3008** Registrar's No. **69**

0143

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

1. PLACE OF DEATH a. COUNTY Callaway		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Callaway	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Fulton		c. LENGTH OF STAY (In this place) 7 Days	
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Fulton		d. STREET ADDRESS (If rural, give location) 113 Nichols St.,	
d. FULL NAME OF HOSPITAL OR INSTITUTION Callaway Co., Hospital			
3. NAME OF DECEASED (Type or Print) a. (First) Thomas		b. (Middle) Benton	
c. (Last) Day		4. DATE OF DEATH (Month) (Day) (Year) Feb. 25 1952	
5. SEX Male		6. COLOR OR RACE White	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Sept, 27, 1883	
9. AGE (in years last birthday) 68		if UNDER 1 YEAR Months 4 Days 28	
10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Filling Station & Garage		10b. KIND OF BUSINESS OR INDUSTRY Garage	
11. BIRTHPLACE (City and State or Foreign Country) Ashland, MO Boone Co.,		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Henry Day		13b. MOTHER'S MAIDEN NAME Frances Johnson	
14. NAME OF HUSBAND OR WIFE Cora Holmes Day			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None	
17. INFORMANT'S SIGNATURE OR NAME Harry Day,		ADDRESS Fulton, Mo.	
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) chr. myocarditis with decompensation + terminal bronchopneumonia ANTECEDENT CAUSES arteriosclerosis Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ 2. 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 4221	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
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) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? _____			
22. I hereby certify that I attended the deceased from 2/20, 1952 , to 2/25, 1952 , that I last saw the deceased alive on 2/25, 1952 , and that death occurred at 9:31 A.M. , from the causes and on the date stated above.			
23a. SIGNATURE Henry D. Day, M.D.		23b. ADDRESS Fulton, Mo.	
23c. DATE SIGNED 2/25/52			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Feb, 27 1952	
24c. NAME OF CEMETERY OR CREMATORY Hillcrest		24d. LOCATION (City, town, or county) (State) Fulton Mo	
DATE REC'D BY LOCAL REG. Feb. 25-1952		REGISTRAR'S SIGNATURE Maritta Lawrence 426-0	
25. FUNERAL DIRECTOR'S SIGNATURE Wallace Funeral Home, Fulton, Mo		ADDRESS _____	

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 William C. Kreps

Licensed Embalmer No. 4870

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.