

FILED APR 1 1952

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 7609

BIRTH NO. _____		REG. DIST. NO. <u>47</u>		PRIMARY REG. DIST. NO. <u>3008</u>		Registrar's No. <u>107</u>			
1. PLACE OF DEATH a. COUNTY <u>Callaway</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Scotland</u>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Fulton</u>		c. LENGTH OF STAY (In this place) <u>2422</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Memphis</u>		1990			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>State Hospital No. 1</u>				d. STREET ADDRESS (If rural, give location) <u>1</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>Annie</u>			b. (Middle) <u>-</u>		c. (Last) <u>Wizer</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>3 24 1952</u>		
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widow</u>		8. DATE OF BIRTH <u>2-15-1865</u>		9. AGE (In years last birthday) <u>87</u> IF UNDER 1 YEAR Months <u>1</u> Days <u>9</u> IF UNDER 24 HRS. Hours <u></u> Min. <u></u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House work (own home)</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>Mo</u>		11. BIRTHPLACE (State or foreign country) <u>Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>George Reed</u>			13b. MOTHER'S MAIDEN NAME <u>J. K.</u>			14. NAME OF HUSBAND OR WIFE <u>J. K.</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>			16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>State Hospital No. 1, Fulton, Mo</u>				
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Senile dementia</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) <u>arteriosclerosis</u>						INTERVAL BETWEEN ONSET AND DEATH <u>sudden</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <u>4500</u>						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 <u>sudden</u> , 19 <u>52</u> , to _____, 19____, that I last saw the deceased alive on <u>3-22</u> , 19 <u>52</u> , and that death occurred at <u>5:15 A.M.</u> , from the cause, and on the date stated above.									
23a. SIGNATURE <u>M. J. Maller M.D.</u> (Degree or title)				23b. ADDRESS <u>70 State Hospital Fulton Mo</u>			23c. DATE SIGNED <u>3-24-52</u>		
24a. BURIAL CREMATION REMOVAL (Specify) <u>Buried</u>		24b. DATE <u>Mar. 26-1952</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Fairview Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Avon Ill</u>			
DATE REC'D BY LOCAL REG. <u>Mar. 27-1952</u>		REGISTRAR'S SIGNATURE <u>Muretta Lawrence</u>		426- FURNERAL DIRECTOR'S SIGNATURE <u>Joyce F. H.</u>		ADDRESS <u>Memphis Mo</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

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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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed

*Sam A. Stewart*

Licensed Embalmer No. *3724*

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.