

S. No. 300
V. 10-48

FILED SEP 2 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

27356

State File No. _____

BIRTH NO. _____		REG. DIST. NO. <u>47</u>		PRIMARY REG. DIST. NO. <u>3008</u>		Registrar's No. <u>292</u>	
1. PLACE OF DEATH a. COUNTY <u>State Hospital No 1</u> <u>Calloway County</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Way Lincoln</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Fulton Mo</u>		c. LENGTH OF STAY (In this place) <u>2 Mo, 23</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Foley</u>		<u>0510</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>State Hospital no 1.</u>				d. STREET ADDRESS (If rural, give location) <u>/</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Carris</u> b. (Middle) <u>Whitley</u> c. (Last) <u>Calvin</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Aug- 27- 1952</u>				
5. SEX <u>Male</u> <input checked="" type="radio"/>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u> <input checked="" type="radio"/>		8. DATE OF BIRTH <u>U. K.</u>	
9. AGE (In years last birthday) <u>74</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>U. K.</u>	
12. CITIZENRY OF WHAT COUNTRY? <u>U. S.</u>		13a. FATHER'S NAME <u>U. K.</u>		13b. MOTHER'S MAIDEN NAME <u>U. K.</u>		14. NAME OF HUSBAND OR WIFE <u>None</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>Hospital Records, 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic Myo-Carditis.</u> ANTECEDENT CAUSES DUE TO (b) <u>Arterio Sclerosis</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS. Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH
19a. DATE OF OPERATION <u>None</u>		19b. MAJOR FINDINGS OF OPERATION <u>4221</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE No (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Fulton Mo</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		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>June- 11th, 1952</u> , to <u>Aug- 27- 520</u> , that I last saw the deceased alive on <u>Aug- 27-</u> , 1952, and that death occurred at <u>3:50P m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Typed or printed name) <u>Devin Fowler M D</u>				23b. ADDRESS <u>Fulton, Mo</u>		23c. DATE SIGNED <u>8-28-52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>8/29/52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Corinth</u>		24d. LOCATION (City, town, or county) (State) <u>Foley, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>Aug-30-1952</u>		REGISTRAR'S SIGNATURE <u>Maretha Lawrence</u> <u>426-6</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Morgan Funeral Home Fulton, 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 *J. W. Patton*.....

Licensed Embalmer No. 2555.....

P. O. Address Phillips 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.