

U.S. No. 300 FILED NOV 24 1952

STANDARD CERTIFICATE OF DEATH

State File No. 37888

EV. 10.48

BIRTH NO. _____ REG. DIST. NO. 47 PRIMARY REG. DIST. NO. 3008 Registrar's No. 381

1. PLACE OF DEATH a. COUNTY <u>CALLOWAY</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>AUDRAIN</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>FULTON</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Mexico</u> <u>0043</u>	
c. LENGTH OF STAY (In this place) <u>2 YRS</u>		d. STREET ADDRESS (If rural, give location) <u>509 West Robinson St</u> <u>MEXICO MO.</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>STATE HOSPITAL NO 1.</u>			
3. NAME OF DECEASED a. (First) <u>Barbara</u> b. (Middle) _____ c. (Last) <u>WILSON</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Nov-20-52</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>March-17-1868</u>
9. AGE (In years last birthday) <u>84</u>		# UNDER 1 YEAR <u>8</u> Months	# UNDER 1 YEAR <u>3</u> Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House Keeper</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Keeping House</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Calloway County Mo</u>
12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>		13a. FATHER'S NAME <u>David Martin</u>	
13b. MOTHER'S MAIDEN NAME <u>Martha Ann Hall</u>		14. NAME OF HUSBAND OR WIFE <u>DK.</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>no</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Hospital Records</u>		ADDRESS <u>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.			19. MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic Myo-carditis - Fractured Hip.</u> ANTECEDENT CAUSES <u>Generalized Arterio Sclerosis,</u> DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <u>E 9037</u> <u>20</u> Conditions contributing to the death but not related to the disease or condition causing death.
19a. DATE OF OPERATION <u>11-1-52</u>		19b. MAJOR FINDINGS OF OPERATION <u>Open reduction Left Hip</u> <u>137</u>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT (Specify) <u>Slipped</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>State Hospital</u>	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Fulton Missouri</u>			
21d. TIME OF INJURY <u>10:16 - 52</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	
21f. HOW DID INJURY OCCUR? <u>Accidentally fell on Floor</u>			
22. I hereby certify that I attended the deceased from <u>Dec-26-50</u> to <u>11-20-52</u> , 19____, that I last saw the deceased alive on <u>1-20-52</u> , 19____, and that death occurred at <u>5 p.m.</u> m., from the causes and on the date stated above.			
23a. SIGNATURE <u>Blanche Fowler</u>		23b. ADDRESS <u>Fulton Missouri</u>	
23c. DATE SIGNED <u>11-20-52</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Nov. 22 52</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Elwood</u>		24d. LOCATION (City, town, or county) (State) <u>Mexico, Mo</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Chas Arnold</u>		ADDRESS <u>Mexico Mo</u>	

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

(Licensed Embalmer's Statement on Reverse Side)

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 Chris Arnold

Licensed Embalmer No. 3569

P. O. Address Milico, 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.