

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **38686**

FILED NOV 24 1953

BIRTH NO. _____		REG. DIST. NO. <u>109</u>		PRIMARY REG. DIST. NO. <u>5424</u>		Registrar's No. <u>23</u>		
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived, if institution; and place before admission)				
a. COUNTY <u>Dunklin</u>		a. STATE <u>Missouri</u>		b. COUNTY <u>Dunklin</u>				
b. CITY OR TOWN <u>Rural Union</u>		c. LENGTH OF STAY (in this place) <u>1 year</u>		c. CITY (if outside corporate limits, write RURAL and give township) <u>Rural Union</u>		8.350		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>none</u>				d. STREET ADDRESS (if rural, give location) <u>East 9 Campbell 1/2 mi</u>				
3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH					
a. (First) <u>MITTIE</u>		b. (Middle)	c. (Last) <u>WALLEN</u>		(Month) <u>Nov</u>	(Day) <u>-16-</u>	(Year) <u>1953</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <u>July-10-1867</u>	9. AGE (In years last birthday) <u>86</u>	IF UNDER 1 YEAR	IF UNDER 1 YEAR	IF UNDER 1 YEAR	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>✓</u>	11. BIRTH PLACE (City and State or Foreign Country) <u>Farmington, Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>				
13a. FATHER'S NAME <u>Joshua Foster</u>		13b. MOTHER'S MAIDEN NAME <u>unknown</u>		14. NAME OF HUSBAND OR WIFE <u>none</u>				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Norman McFarland Campbell</u>				ADDRESS <u>Campbell</u>	
18. CAUSE OF DEATH		MEDICAL CERTIFICATION					INTERVAL BETWEEN ONSET AND DEATH	
Enter only one cause per line for (a), (b), and (c)		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Senility</u>						
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES						
		Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.						
		DUE TO (b) _____						
		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				20. AUTOPSY? <u>794X</u>		
						YES <input type="checkbox"/> NO <input 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) (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>Aug 1948</u> to <u>Nov 1953</u> , that I last saw the deceased alive on <u>Nov 17, 1953</u> , and that death occurred at <u>11:45</u> m., from the causes and on the date stated above.								
23a. SIGNATURE <u>Bernard L. Franklin</u> (Degree or title)				23b. ADDRESS <u>Mo</u>		23c. DATE SIGNED <u>11-17-53</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>11-18-1953</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Wood Lawn</u>		24d. LOCATION (City, town, or county) (State) <u>Campbell, Missouri</u>			
DATE REC'D BY LOCAL REG. <u>11/18/53</u>		REGISTRAR'S SIGNATURE <u>Mrs. Rural Campbell</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Le Forge and Co. Centerville</u> ADDRESS <u>725</u>				

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

0350 1

RECEIVED DUNKLIN COUNTY HEALTH

DEPARTMENT 11-23-53

COUNTY FILE NUMBER 1153-285

**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

*Noel C. Dean*

Licensed Embalmer No. 3941

P. O. Address Cassville, 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.