No. 300
10.48

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FILED APR 11 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 7473

BIRTH NO. _____ REG. DIST. NO. 47 PRIMARY REG. DIST. NO. 3008 Registrar's No. 80

1. PLACE OF DEATH
a. COUNTY: Callaway
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Fulton
c. LENGTH OF STAY (in this place): 30y-9m
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): State Hospital No. 1, Fulton

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo
b. COUNTY: Randolph
c. CITY OR TOWN: Clifton
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☐
e. STREET ADDRESS (If rural, give location): 0880

3. NAME OF DECEASED (Type or Print)
a. (First): Sam
b. (Middle): —
c. (Last): Wayland

4. DATE OF DEATH (Month) 3 (Day) 28 (Year) 1955

5. SEX: M
6. COLOR OR RACE: Col
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Divorced 3
8. DATE OF BIRTH: UK
9. AGE (In years last birthday): 81 — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer
10b. KIND OF BUSINESS OR INDUSTRY: UK
11. BIRTHPLACE (City and State or Foreign Country): Mo Howard Co
12. CITIZEN OF WHAT COUNTRY?: US
13a. FATHER'S NAME: UK
13b. MOTHER'S MAIDEN NAME: UK
14. NAME OF HUSBAND OR WIFE: —
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S SIGNATURE OR NAME: State Hospital Records — ADDRESS: Fulton

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Epileptic Psychosis — INTERVAL BETWEEN ONSET AND DEATH: 30 yrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Epileptic Deterioration
DUE TO (c) Senile Psychosis

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: 30 yr X
20. AUTOPSY? YES ☐ NO ☐

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1949 *to* _____, 19__, *to* 3-28-, 1955, *that I last saw the deceased alive on* 3-28-, 1955 *and that death occurred at* 1:40 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE: M J Miller (Degree or title): M.D.
23b. ADDRESS: State Hospital, Fulton, Mo
23c. DATE SIGNED: 3-28-55

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 4-4-55
24c. NAME OF CEMETERY OR CREMATORY: State Hosp Cemetery
24d. LOCATION (City, town, or county) (State): Fulton Mo

DATE REC'D BY LOCAL REG.: Apr. 4-1955
REGISTRAR'S SIGNATURE: Maretta Lawrence 426-C
25. FUNERAL DIRECTOR'S SIGNATURE: C.C. Weks — ADDRESS: Fulton Mo

(Licensed Embalmer's Statement on Reverse Side)

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

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emba

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fa
to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.