

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

21337

State File No.

FILED AUG 8 - 1955

BIRTH NO.

REG. DIST. NO. 47

PRIMARY REG. DIST. NO. 3008

Registrar's No.

197

1. PLACE OF DEATH a. COUNTY Callaway		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Knox 0520	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Fulton, Mo. 2		c. CITY OR TOWN Edina	
c. LENGTH OF STAY (in this place) 2mo-22da		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION State Hospital #1, Fulton, Mo.			
e. STREET ADDRESS (If rural, give location)			

3. NAME OF DECEASED (Type or Print) a. (First) OLEN b. (Middle) OTAF c. (Last) EMERY			4. DATE OF DEATH (Month) (Day) (Year) August 1, 1955					
5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH July 26, 1880	9. AGE (In years last birthday) 75	IF UNDER 1 YEAR Months 0	IF UNDER 24 HRS. Days 5	IF UNDER 24 HRS. Hours /	IF UNDER 24 HRS. Min. /
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Mechanic		10b. KIND OF BUSINESS OR INDUSTRY none		11. BIRTHPLACE (City and State or Foreign Country) Iowa		12. CITIZEN OF WHAT COUNTRY? U.S.A.		

13a. FATHER'S NAME William Emery		13b. MOTHER'S MAIDEN NAME Emma Dunn		14. NAME OF HUSBAND OR WIFE Nettie Emery			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) unknown		16. SOCIAL SECURITY NO. D.K.		17. INFORMANT'S SIGNATURE OR NAME Records of State Hospital #1, Fulton, Mo.		ADDRESS	

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 Myocarditis</u> ANTECEDENT CAUSES DUE TO (b) <u>Arteriosclerosis</u> DUE TO (c) <u>Senile and psychotic.</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 4221				INTERVAL BETWEEN ONSET AND DEATH years years	
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19a. DATE OF OPERATION none		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) none		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) none		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 May 9, 1955, to August 1, 1955, that I last saw the deceased alive on July 30, 1955, and that death occurred at 7:20a. m., from the causes and on the date stated above.

23a. SIGNATURE M. J. Nichols		(Degree or title)		23b. ADDRESS M.D. State Hospital #1, Fulton, Mo.		23c. DATE SIGNED Aug. 1, 1955	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE Aug. 3, 1955		24c. NAME OF CEMETERY OR CREMATORY Moss Ridge Cem		24d. LOCATION (City, town, or county) (State) Carthage Illinois	
DATE REC'D BY LOCAL REG. Aug. 1 - 1955		REGISTRAR'S SIGNATURE Martha Lawrence		426-90		25. FUNERAL DIRECTOR'S SIGNATURE Wallace Funeral Home 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 embalmed by me, or by, Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Denzil C. Browning*.....

Licensed Embalmer No. *272*.....

P. O. Address *Fulton*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.