

FILED APR 2 - 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

8309

State File No.

BIRTH NO. _____ REG. DIST. NO. 47 PRIMARY REG. DIST. NO. 3008 Registrar's No. 102

1. PLACE OF DEATH
a. COUNTY Callaway

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE Missouri b. COUNTY Callaway

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Fulton

c. CITY OR TOWN Fulton

d. Is Residence within limits of a city or incorporated town? Yes No

d. FULL NAME OF HOSPITAL OR INSTITUTION Callaway Memorial Hosp.

e. STREET ADDRESS (If rural, give location) 905 Jefferson St. 01450

3. NAME OF DECEASED (Type or Print)
a. (First) Altha b. (Middle) Birdena c. (Last) Wahl

4. DATE OF DEATH (Month) (Day) (Year)
March 23/1956

5. SEX Female

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married

8. DATE OF BIRTH July 14, 1887

9. AGE (In years last birthday) 68
IF UNDER 1 YEAR: Months _____ Days _____
IF UNDER 12 HRS: Hours _____ Min. _____

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife

10b. KIND OF BUSINESS OR INDUSTRY at home

11. BIRTHPLACE (City and State or Foreign Country) Callaway County Mo.

12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME John R. Bowman

13b. MOTHER'S MAIDEN NAME Martha E. Jefferies

14. NAME OF HUSBAND OR WIFE John F. Wahl

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. unknown

17. INFORMANT'S SIGNATURE OR NAME ADDRESS
Mrs. Orel Millard Fulton Mo

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)
Cardiac Pericarditis

*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) Cardiac Pericarditis
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Pneumonia Acute
DUE TO (c) Ch. Bronchitis
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Bladder Calculous

INTERVAL BETWEEN ONSET AND DEATH
1 day
10 yrs
5 yrs
6 hrs

19a. DATE OF OPERATION 3-21-56

19b. MAJOR FINDINGS OF OPERATION Bladder Stone 604x

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) (Min.)

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 1950, to 2-23-, 1956 that I last saw the deceased alive on 2-23-, 1956, and that death occurred at 4:28 m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) John J. Barron, M.D.

23b. ADDRESS Fulton Mo

23c. DATE SIGNED 3-24-56

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE 3/25/56

24c. NAME OF CEMETERY OR CREMATORY Hans Prairie

24d. LOCATION (City, town, or county) (State) Callaway County Mo.

DATE REC'D BY LOCAL REG. March 31, 1956 REGISTRAR'S SIGNATURE Maretha Lawrence

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Morgan Funeral Home Fulton Mo

(Licensed Embalmer's Statement on Reverse Side)

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

APR 11 1958

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 *Harry A. Stewart*.....

Licensed Embalmer No. *372*

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.