FILED AUG 6 - 1956

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

22995

STATE FILE NUMBER

Registration District No. 47 Primary Registration District No. 3008 Registrar's No. 200

1. PLACE OF DEATH

a. COUNTY: CALLAWAY

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Fulton — Inside Limits: Yes ☑ No ☐

c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): State Hospital #1 — Length of stay in 1b: 4 yrs 9 M. 20 D.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE: Mo. b. COUNTY: CALLAWAY

c. CITY OR TOWN: FULTON 0143 0 — Inside Limits: Yes ☑ No ☐

d. STREET ADDRESS (If outside, give location): 105 E 10th. ST — Reside on Farm: Yes ☐ No ☐

3. NAME OF DECEASED (Type or print): First: ZELLA Middle: TYLER Last: NEILL

4. DATE OF DEATH: Month: Aug. Day: 3 Year: 1956

5. SEX: F

6. COLOR OR RACE: W

7. MARRIED ☐ **NEVER MARRIED** ☐ **WIDOWED** ☑ **DIVORCED** ☐

8. DATE OF BIRTH: Oct. 20, 1877

9. AGE (In years last birthday): 78 — 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): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: HOME

11. BIRTHPLACE (City and state or country): Missouri

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Robert Tyler

14. MOTHER'S MAIDEN NAME: Mollie Larrimore

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.: —

17. INFORMANT: Hospital Records — Address: St. Hosp. Fulton, Mo

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] — INTERVAL BETWEEN ONSET AND DEATH

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a): Chronic Myocarditis

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b): Broncho Pneumonia

DUE TO (c): Fracture of Rt. Hip

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐

20a. ACCIDENT ☐ **SUICIDE** ☐ **HOMICIDE** ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)

20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year

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20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from Oct. 13, 1951, to Aug 3, 1956 and last saw her/him alive on Aug 3, 1956. Death occurred at 8:45 a m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Ralf Hanks MD

22b. ADDRESS: St. Hosp. #1 Fulton, Mo

22c. DATE SIGNED: Aug. 3, 1956

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial

23b. DATE: Aug-5-1956

23c. NAME OF CEMETERY OR CREMATORY: Hillcrest

23d. LOCATION (City, town, or county) (State): Fulton Mo

24. FUNERAL DIRECTOR: Wallace Funeral Home, Fulton, Mo — ADDRESS

25. DATE RECD. BY LOCAL REG.: Aug 3-1956

26. REGISTRAR'S SIGNATURE: Maretta Lawrence

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

JUL 8 1957

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STATEMENT BY LICENSED EMBALMER

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

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

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Dengil C. Brown

Licensed Embalmer No. 2.

P. O. Address Fulton

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. 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.