

FILED AUG 8 - 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

24627

State File No.

BIRTH NO. _____ REG. DIST. NO. 278 PRIMARY REG. DIST. NO. 3054 Registrar's No. 106

1. PLACE OF DEATH
a. COUNTY Pike

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) Louisiana
c. LENGTH OF STAY (in this place) 5 days

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 Pike County Hospital

e. STREET ADDRESS (If rural, give location) RFD 5 01401

3. NAME OF DECEASED
a. (First) Ella b. (Middle) Cora c. (Last) Arney

4. DATE OF DEATH (Month) (Day) (Year)
July 26 1956

5. SEX Female

6. COLOR OR RACE White

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

8. DATE OF BIRTH Oct. 15, 1914

9. AGE (In years last birthday) 41
If UNDER 1 YEAR: Months _____ Days _____
If UNDER 18 HRS: Hours _____ Min. _____

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

10b. KIND OF BUSINESS OR INDUSTRY _____

11. BIRTHPLACE (City and State or Foreign Country) Quincey Illinois

12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Tom Thorp

13b. MOTHER'S MAIDEN NAME Sadie Rockwood

14. NAME OF HUSBAND OR WIFE _____

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) _____

16. SOCIAL SECURITY NO. unknown

17. INFORMANT'S SIGNATURE OR NAME ADDRESS.
Mrs. Mary Barclay 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, asphyxia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pneumothorax

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Crushed (D) Chest.
DUE TO (c) _____

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. 8300

INTERVAL BETWEEN ONSET AND DEATH
Four Days

19a. DATE OF OPERATION _____

19b. MAJOR FINDINGS OF OPERATION 25

20. AUTOPSY? YES NO

21a. ACCIDENT (Specify) Accident
Home

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Farm

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
RFD LOUISIANA Pike Mo

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)
July 22 1956 6 P.m.

21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR?
Struck in chest by touch bed when trunk was being up.

22. I hereby certify that I attended the deceased from 7-22, 1956, to 7-26, 1956, that I last saw the deceased alive on 7-25, 1956, and that death occurred at 6:30 a.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) W. J. Martin M.D.

23b. ADDRESS Louisiana, Mo.

23c. DATE SIGNED 7-26-56

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

24b. DATE 7/26/56

24c. NAME OF CEMETERY OR CREMATORY _____

24d. LOCATION (City, town, or county) (State)
Fulton Missouri.

DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE
July 31, 1956 Bernice Callier

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

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

J. D. Muhl, Coroner

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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 embalmed by me, or by Student Embalmer No. working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....
Ray A. Stewart

Licensed Embalmer No. *3222*

P. O. Address *Fulton 9*

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.