Health, Welfare Public Service

300 2
1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

FILED OCT 2 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

30024
STATE FILE NUMBER

Registration District No. 47 Primary Registration District No. 3008 Registrar's No. 251

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 lb: 24 YRS. 10 MO.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: MISSOURI b. COUNTY: MONTGOMERY
c. CITY OR TOWN: 0700 — Inside Limits: Yes ☐ No ☐
d. STREET ADDRESS (If outside, give location): NONE — Reside on Farm: Yes ☐ No ☐

3. NAME OF DECEASED (Type or print): First MARY / Middle CATHERINE / Last SEE

4. DATE OF DEATH: Month SEPT. Day 27, Year 1956

5. SEX: FEMALE

6. COLOR OR RACE: WHITE

7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐

8. DATE OF BIRTH: 1875

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): HOUSEKEEPER

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (City and state or country): MONTGOMERY COUNTY 0

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

13. FATHER'S NAME: UNKNOWN

14. MOTHER'S MAIDEN NAME: UNKNOWN

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

16. SOCIAL SECURITY NO.: NONE

17. INFORMANT Address: STATE HOSPITAL # 1, FULTON, MISSOURI

MEDICAL CERTIFICATION

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

PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a): CEREBIAL THROMBOSIS

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b): DUE TO (c):

INTERVAL BETWEEN ONSET AND DEATH:

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a): 332X

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

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. X attended the deceased from STATE HOSPITAL # 1 11-2-31, to 9-27-56 and last saw her/him XXXXXXXXXXXXXXXXXXXX

Death occurred at 2:30 p.m. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): T. D. McCARTHY, M. D.

22b. ADDRESS: STATE HOSPITAL # 1, FULTON, MO.

22c. DATE SIGNED: 9/27/56

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

23b. DATE: 9-30-56

23c. NAME OF CEMETERY OR CREMATORY: Montgomery City

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

24. FUNERAL DIRECTOR ADDRESS: MONTGOMERY CITY MO

25. DATE RECD. BY LOCAL REG.: 9-29-56

26. REGISTRAR'S SIGNATURE: Maretta Lawrence

(Licensed Embalmer's Statement on Reverse Side)

1956

STATEMENT BY LICENSED EMBALMER

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

by me, ~~or by~~ on the 28 th day of Sept 1956, Student Embalmer No.

working under my personal supervision..

C. W. Hopkins

Student
Signature of Student Embalmer

Signed

Licensed Embalmer No. I487

Montgomery City Mo

P. O. Address

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