

FILED AUG 9 - 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 22296

BIRTH NO. _____		REG. DIST. NO. 47		PRIMARY REG. DIST. NO. 3008		Registrar's No. 237	
1. PLACE OF DEATH a. COUNTY <u>Callaway</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>Callaway</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>FULTON</u>		c. LENGTH OF STAY (in this place) <u>2 Wks</u>		c. CITY OR TOWN <u>Portland</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Callaway Hospital</u>				e. STREET ADDRESS (If rural, give location) <u>RURAL AUXVASSE TOWNSHIP</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Lucy</u> b. (Middle) <u>ANN</u> c. (Last) <u>Sheets</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>JULY 31, 1954</u>				
5. SEX <u>FEMALE</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>		8. DATE OF BIRTH <u>AUG 16, 1887</u>	
9. AGE (In years last birthday) <u>66</u>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 6 HRS. Hours _____ Min. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>At Home</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>MILLER, S. DOKOTA</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>WILLIE BILL</u>			13b. MOTHER'S MAIDEN NAME <u>EMILY HENRY</u>			14. NAME OF HUSBAND OR WIFE <u>—</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>No</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Rosa Sammett</u>		ADDRESS <u>Portland Mo.</u>	
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u>					INTERVAL BETWEEN ONSET AND DEATH <u>24 hrs</u>
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Gen. arteriosclerosis with</u> DUE TO (c) <u>Cardio Renal Vasc Dis</u>					
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>4/2X</u>					20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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)		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 <u>7/31, 1954</u> to <u>7/31, 1954</u> , that I last saw the deceased alive on <u>7/31, 1954</u> and that death occurred at <u>6:15 p.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>George F Wood mg</u>				23b. ADDRESS <u>Fulton Mo.</u>		23c. DATE SIGNED <u>8/2/54</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>Aug 2/54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>TROY</u>		24d. LOCATION (City, town, or county) (State) <u>TROY, MISSOURI</u>	
DATE REC'D BY LOCAL REG. <u>Aug 7-1954</u>		REGISTRAR'S SIGNATURE <u>Martha Lawrence</u>		FUNERAL DIRECTOR'S SIGNATURE <u>Marjorie Fured Home</u>		ADDRESS <u>Fulton Mo</u>	

(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.....

J. D. Ross

Licensed Embalmer No. *255*

P. O. Address *Fuller*

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.