

S. No. 300
V. 10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **2072**
Registrar's No. **One**

FILED JAN 25 1952

BIRTH NO. _____		REG. DIST. NO. 224		PRIMARY REG. DIST. NO. 3046		Registrar's No. _____			
1. PLACE OF DEATH a. COUNTY Moniteau				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Moniteau					
b. CITY OR TOWN California		c. LENGTH OF STAY (in this place) _____		c. CITY OR TOWN High Point Mo.		d. STREET ADDRESS 0680			
d. FULL NAME OF HOSPITAL OR INSTITUTION Home daughter California				d. STREET ADDRESS (If rural, give location)					
3. NAME OF DECEASED (Type or Print) a. (First) DAISEY b. (Middle) ETHEL c. (Last) MORRIS			4. DATE OF DEATH JAN 8-52						
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH OCT-19-1879			
9. AGE (In years last birthday) 72		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 2 HRS. Hours _____ Min. _____					
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House wife			10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) High Point Mo.		12. CITIZEN OF WHAT COUNTRY? USA		
13a. FATHER'S NAME Horace Dutcher			13b. MOTHER'S MAIDEN NAME Martha Crocker		14. NAME OF HUSBAND OR WIFE _____				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME Mrs Paul Cooper ADDRESS Eldon Mo.					
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, asthma, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis								10 weeks	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) She was dead when first seen by me									
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 California at time of death				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) California, Moniteau Mo					
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? 4201					
22. I hereby certify that I attended the deceased from at time of death Jan 8-52 , that I last saw the deceased alive on she was dead , and that death occurred at 11:30 A.M. , from the causes and on the date stated above.									
23a. SIGNATURE P.B. Dulka M.D. (Degree or title) _____				23b. ADDRESS California, Mo		23c. DATE SIGNED 1-9-52			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE JAN 9-52		24c. NAME OF CEMETERY OR CREMATORY Woodman Cem		24d. LOCATION (City, town, or county) (State) High Point Mo			
DATE REC'D BY LOCAL REG. 1-9-52		REGISTRAR'S SIGNATURE H.R. Poppy		25. FUNERAL DIRECTOR'S SIGNATURE H. Steffens		ADDRESS Russell Mo.			

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

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JAN 24 1952

RECEIVED

DISTRICT HEALTH OFFICE No. 3

District File Number

Date Filed

JAN 24 1952

H. F. Fulkerson

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
Student Embalmer

Signed *H. F. Fulkerson*

Licensed Embalmer No. *1307*

P. O. Address *Russellville MO*

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 this body is not embalmed, fact should be so stated above.