

THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

20894

State File No.

FILED JUN 29 1953

BIRTH NO.		REG. DIST. NO. <u>47</u>		PRIMARY REG. DIST. NO. <u>3008</u>		Registrar's No. <u>226</u>	
1. PLACE OF DEATH a. COUNTY <u>Callaway</u> b. CITY (If outside corporate limits, write RURAL and give township) <u>Fulton</u> c. LENGTH OF STAY (in this place) <u>2 1/2 yrs</u> d. FULL NAME OF HOSPITAL OR INSTITUTION <u>State Hospital</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Montana</u> c. CITY OR TOWN <u>California</u> d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/> e. STREET ADDRESS (If rural, give location) <u>0681</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Cortland</u> b. (Middle) <u>Niles</u> c. (Last) <u>Hall</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>June 23 1953</u>				
5. SEX <u>M</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>		8. DATE OF BIRTH <u>Aug. 25, 1903</u>	
9. AGE (in years last birthday) <u>49</u>		10. IF UNDER 1 YEAR Months <u>10</u>		11. IF UNDER 1 HRS. Days <u>10</u>		12. IF UNDER 1 HRS. Hours <u>10</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Cherish</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>office work</u>			
11. BIRTHPLACE (City and State or Foreign Country) <u>Montana County</u>				12. CITIZEN OF WHAT COUNTRY? <u>USA</u>			
13a. FATHER'S NAME <u>DK</u>				13b. MOTHER'S MAIDEN NAME <u>DK</u>			
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) <u>No</u>				16. SOCIAL SECURITY NO. <u>No</u>			
17. INFORMANT'S SIGNATURE OR NAME <u>Hospital Records</u>				ADDRESS <u>Fulton, 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, asphyxia, etc. It means the disease, injury, or complication which caused death. I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pulmonary Tuberculosis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. INTERVAL BETWEEN ONSET AND DEATH							
19a. DATE OF OPERATION				19b. MAJOR FINDINGS OF OPERATION <u>002X</u>			
20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) (Min.)		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>July 1, 1952</u> , to <u>June 23, 1953</u> , that I last saw the deceased alive on <u>June 22, 1953</u> , and that death occurred at <u>6:00 A. M.</u> , from the causes and on the date stated above.							
23. SIGNATURE (Degree or title) <u>J. Henry Fowler MD</u>				23b. ADDRESS <u>by hand</u>		23c. DATE SIGNED <u>June 23/1953</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>June 25, 1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>City Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>California Mo.</u>	
DATE REC'D BY LOCAL REG. <u>June 23-1953</u>		REGISTRAR'S SIGNATURE <u>Maretha Lawrence</u>		426-5. FUNERAL DIRECTOR'S SIGNATURE <u>Hugh E. Williams</u>		ADDRESS <u>California Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

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 *Hugh E. Williams*.....

Licensed Embalmer No. *352*

P. O. Address *California*

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.