

FILED FEB 8 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 2279

BIRTH NO. _____		REG. DIST. NO. 294		PRIMARY REG. DIST. NO. 3056		Registrar's No. 28			
1. PLACE OF DEATH a. COUNTY <b>Randolph</b>				2. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Randolph</b>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Moberly</b>		c. LENGTH OF STAY (If in place) <b>5 yrs.</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Moberly</b>					
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>320 Johnson Street</b>				d. STREET ADDRESS (If rural, give location) <b>320 Johnson</b>					
3. NAME OF DECEASED (Type or Print) a. (First) <b>Gwendolyn</b>			b. (Middle) <b>Adams</b>		c. (Last) <b>Vanderbeck</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>1 30 1949</b>		
5. SEX <b>female</b>		6. COLOR OR RACE <b>white</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>married</b>		8. DATE OF BIRTH <b>2/6/1899</b>		9. AGE (In years last birthday) <b>49</b> 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) <b>housewife</b>			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <b>Rich Hill, Missouri 6</b>			12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>	
13a. FATHER'S NAME <b>Dave Adams</b>			13b. MOTHER'S MAIDEN NAME <b>Mary (unknown)</b>			14. NAME OF HUSBAND OR WIFE <b>Maurice Vanderbeck</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b> (If yes, give war or dates of service)			16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME <b>Maurice Vanderbeck</b>			ADDRESS <b>Moberly, Mo</b>	
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) <b>Coronary occlusion</b>  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.  <b>4/20</b>						INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION						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)		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 <b>8-26-49</b> to <b>8-26-49</b> , that I last saw the deceased alive on <b>1-26-49</b> , 19____, and that death occurred at <b>L. 159 m.</b> , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <b>E. T. Whitaker M.D.</b>				23b. ADDRESS <b>Moberly Mo</b>			23c. DATE SIGNED <b>1-31-49</b>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>2/1/49</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Huntsville</b>		24d. LOCATION (City, town, or county) (State) <b>Huntsville, Missouri</b>			
DATE REC'D BY LOCAL REG. <b>2-1-49</b>		REGISTRAR'S SIGNATURE <b>Seal William J. Jovee</b>			25. FUNERAL DIRECTOR'S SIGNATURE <b>Marion C. Million</b>		ADDRESS <b>Moberly, Mo.</b>		

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

RECEIVED

District Health Officer No. 10

District File Number 2-49-24

Date Filed FEB-7-1949

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 Marion E. Mellon

Licensed Embalmer No. 3957

P. O. Address Moberly, 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.