.S. No. 300
EV. 10-48

0883
0

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 34680

FILED OCT 30 1951

BIRTH NO. _____ REG. DIST. NO. 294 PRIMARY REG. DIST. NO. 3056 Registrar's No. 248

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

1. PLACE OF DEATH
a. COUNTY: Randolph
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Moberly
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Whitaker Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Randolph
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Moberly 0883
d. STREET ADDRESS (If rural, give location): 902 E Logan 0

3. NAME OF DECEASED (Type or Print)
a. (First): Fannie
b. (Middle):
c. (Last): Brodnax

4. DATE OF DEATH (Month) (Day) (Year): Oct. 16 1951

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widow
8. DATE OF BIRTH: Apl. 4 1879
9. AGE (In years last birthday): 72
IF UNDER 1 YEAR: Months 6 Days 12
IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): At home
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Mo
12. CITIZEN OF WHAT COUNTRY?:

13a. FATHER'S NAME: Thomas Walker
13b. MOTHER'S MAIDEN NAME: Patience Robb
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) ✓
16. SOCIAL SECURITY NO. ✓
17. INFORMANT'S SIGNATURE OR NAME ADDRESS: Mrs Dorothy Hannah. Ogden Utah

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerosis

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: 4500
20. AUTOPSY? YES ☐ NO ☒

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Oct. 15, 1951, *to* Oct. 16, 1951, *that I last saw the deceased alive on* Oct. 16, 1951, *and that death occurred at* 2:00 P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): E. T. Whitaker D.O.
23b. ADDRESS: 205 S. Fifth, Moberly Mo.
23c. DATE SIGNED: 10-20-51

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 10-20-51
24c. NAME OF CEMETERY OR CREMATORY: Grand Prairie
24d. LOCATION (City, town, or county) (State): Near Cairo, Mo.

DATE REC'D BY LOCAL REG.: 10-20-51
REGISTRAR'S SIGNATURE: Leah Williams Lowe 264
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: Mahan and Son. Moberly, Mo

(Licensed Embalmer's Statement on Reverse Side)

Date Received: OCT 29 1951
DISTRICT HEALTH OFFICE #2
District File Number 10-51-192?
Date Filed: OCT 29 1951

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 Frank D. DeHart

Licensed Embalmer No. 3021

P. O. Address Mobely, 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.