FILED DEC 24 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER 42494

Registration District No. 294 Primary Registration District No. 2056 Registrar's No. 317

1. PLACE OF DEATH
a. COUNTY Randolph
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Moberly — Inside Limits Yes ☐ No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Whitaker Hospital — Length of stay in 1b

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Randolph
c. CITY OR TOWN Moberly — Inside Limits Yes ☐ No ☐
d. STREET ADDRESS 621 Cleveland (If outside, give location) — Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print) First: Eliza Middle: A. Last: Owings
4. DATE OF DEATH Month: Dec Day: 5th Year: 1956
5. SEX Female
6. COLOR OR RACE White
7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐
8. DATE OF BIRTH March 20-1872
9. AGE (In years last birthday) 84 — 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) At home
10b. KIND OF BUSINESS OR INDUSTRY ✓
11. BIRTHPLACE (City and state or country) Mo
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Arthur Storm
14. MOTHER'S MAIDEN NAME Martha Babbitt
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) ✓
16. SOCIAL SECURITY NO.
17. INFORMANT Miss Ruth Owings Address Moberly, Mo

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] — INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Myocarditis
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b)
DUE TO (c) 4222F
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)
Fracture of right femur two weeks prior
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)
20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE
21. I attended the deceased from 11/18/56 to 12/5/56 and last saw her alive on 12/5/56
Death occurred at 6:30 pm m on the date stated above; and to the best of my knowledge, from the causes stated.
22a. SIGNATURE (Degree or title) E. T. Whitaker D.O.
22b. ADDRESS Moberly, Mo.
22c. DATE SIGNED 12-7-56
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE Dec 4th 1956
23c. NAME OF CEMETERY OR CREMATORY Oakland
23d. LOCATION (City, town, or county) (State) Moberly, Mo
24. FUNERAL DIRECTOR Mahan and Son Moberly ADDRESS
25. DATE RECD. BY LOCAL REG. 12-9-56
26. REGISTRAR'S SIGNATURE Leah Lowe

(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc. must use only standard nomenclature in Item 18. No symptoms will be accepted. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Raymond F. Hoema

Licensed Embalmer No. 42

P. O. Address Moberly

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.