

Health,  
& Welfare  
Public  
Service

300  
1-56

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

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

16611

FILED MAY 20 1957

STATE FILE NUMBER

Registration District No. 98 Primary Registration District No. 4165 Registrar's No. 50

|   |                                  |   |  |   |   |
|---|----------------------------------|---|--|---|---|
| 1. PLACE OF DEATH<br>a. COUNTY <b>Daviess</b>   |                                  |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <b>Missouri</b> b. COUNTY <b>Daviess</b> |   |   |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR<br>TOWN <b>Gallatin</b>   |                                  | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  | c. CITY<br>OR<br>TOWN <b>Gallatin</b>  |   | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION   |                                  | Length of stay in 1b<br><b>2 Yrs.</b>   | d. STREET ADDRESS  |   | Reside on Farm<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| 3. NAME OF DECEASED (Type or print)<br>First <b>Hazel</b> Middle <b>Cubberly</b> Last <b>Moore</b>  |                                  |   | 4. DATE OF DEATH<br>Month <b>April</b> Day <b>24</b> Year <b>1957</b>  |   |   |
| 5. SEX<br><b>Female</b>   | 6. COLOR OR RACE<br><b>White</b> | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/><br>WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH<br><b>Sept. 28 1889</b>   | 9. AGE (In years last birthday)<br><b>67</b>                                  | IF UNDER 1 YEAR<br>Months <b>0</b> Days <b>0</b> Hours <b>0</b> Min. <b>0</b>         |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>Housewife</b>   |                                  | 10b. KIND OF BUSINESS OR INDUSTRY<br><b>Own Home</b>  | 11. BIRTHPLACE (City and state or country)<br><b>Gallatin, Missouri</b>  |   | 12. CITIZEN OF WHAT COUNTRY?<br><b>USA</b>  |
| 13. FATHER'S NAME<br><b>John Cubberly Erwin</b>   |                                  |   | 14. MOTHER'S MAIDEN NAME<br><b>Millie Adkison</b>  |   |   |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no. or unknown) (If yes, give war or dates of service)<br><b>No</b>  |                                  | 16. SOCIAL SECURITY NO.<br><b>513-14-1676</b>   | 17. INFORMANT<br>Address <b>212 W. 39th. Kansas City Mo</b><br><b>Mrs. Corinne Gordon</b>  |   |   |
| 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <b>Coronary Occlusion</b><br>DUE TO (b) <b>hypertension, arteriosclerosis heart disease</b><br>DUE TO (c) _____<br>PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)<br><b>4200</b> |                                  |   |  |   | INTERVAL BETWEEN ONSET AND DEATH<br><b>15 min</b><br><b>Unknown</b>                   |
| 20a. ACCIDENT <input type="checkbox"/>  | SUICIDE <input type="checkbox"/> | HOMICIDE <input type="checkbox"/>   | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)   |   |   |
| 20c. TIME OF INJURY<br>Hour _____ Month _____ Day _____<br>a. m. _____ p. m. _____  |                                  |   |  |   |   |
| 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>   |                                  | 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 _____ to _____ and last saw her alive on <b>Apr. 24 57</b><br>Death occurred at <b>8:30 pm</b> on the date stated above; and to the best of my knowledge, from the causes stated.  |                                  |   |  |   |   |
| 22a. SIGNATURE<br><b>Volward Lanyon</b> (Degree or title)   |                                  |   | 22b. ADDRESS<br><b>Gallatin Mo</b>   |   | 22c. DATE SIGNED<br><b>5/6/57</b>   |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Burial</b>  | 23b. DATE<br><b>4-29-1957</b>    | 23c. NAME OF CEMETERY OR CREMATORY<br><b>Mt. Olivet Cemetery</b>  |  | 23d. LOCATION (City, town, or county) (State)<br><b>Kansas City, Missouri</b> |   |
| 24. FUNERAL DIRECTOR<br><b>H. O. Beckson</b><br>ADDRESS<br><b>Hope Funeral Home, Gallatin, Mo.</b>  |                                  | 25. DATE RECD. BY LOCAL REG.<br><b>5-9-57</b>   | 26. REGISTRAR'S SIGNATURE<br><b>Virginia M Engelhart</b>   |   |   |

(Licensed Embolmer's Statement on Reverse Side)

81-0

MAY 24 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.....  
Signature of Student Embalmer

Signed *L. O. Richesson*

Licensed Embalmer No. *330*

P. O. Address *Pellat*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F 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.