

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

33025

STATE FILE NUMBER

FILED OCT 9 1957

Registration District No. 294 Primary Registration District No. 3056 Registrar's No. 233

1. PLACE OF DEATH a. COUNTY <i>Randolph</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Missouri</i> b. COUNTY <i>Randolph</i>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>Moberly</i>		c. CITY OR TOWN <i>Moberly</i>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>300 Chandler St</i>		d. STREET ADDRESS (If outside, give location) <i>300 Chandler St.</i>	
Length of stay in lb <i>9 years</i>		Reside on Form Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) <i>ANTOINETTE - FREDERSDORFF</i>			4. DATE OF DEATH <i>Sept 29 1957</i>		
5. SEX <i>Female</i>			6. COLOR OR RACE <i>White</i>		
7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>			8. DATE OF BIRTH <i>Aug 7, 1876</i>		
9. AGE (In years last birthday) <i>81</i>			IF UNDER 1 YEAR		IF UNDER 24 HRS.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i>			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <i>Davenport Iowa</i>
12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>			13. FATHER'S NAME <i>(Unknown) Krack</i>		
14. MOTHER'S MARDEN NAME <i>Joanna Nichols</i>			15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <i>NO</i>		
16. SOCIAL SECURITY NO.			17. INFORMANT <i>Paul Fredersdorff</i>		
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Pneumonia</i> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <i>Parkinson's Disease</i> DUE TO (c) <i>Atherosclerosis Generalized</i>			INTERVAL BETWEEN ONSET AND DEATH <i>1 day</i> <i>10 years</i> <i>Undetermined</i>		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		

MEDICAL CERTIFICATION

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 Hour <i>350X</i> a. m. p. m.			20d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			20f. CITY, TOWN, OR LOCATION COUNTY STATE		

21. I attended the deceased from <i>Aug 30, 1954</i> to <i>Sept 29, 1957</i> and last saw her alive on <i>8/26/57</i> Death occurred at <i>10:30 P.M.</i> on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) <i>Rolund Hasson, M.D.</i>			22b. ADDRESS <i>126 S. W. Mrs. Moberly Mo</i>		22c. DATE SIGNED <i>9/30/57</i>

23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		23b. DATE <i>Oct - 1 - 1957</i>		23c. NAME OF CEMETERY OR CREMATORY <i>Stairmount Cemetery</i>		23d. LOCATION (City, town, or county) (State) <i>Davenport Iowa</i>	
24. FUNERAL DIRECTOR <i>Cater Funeral Home Moberly Mo.</i>				25. DATE RECD. BY LOCAL REG. <i>10 / 1 / 57</i>		26. REGISTRAR'S SIGNATURE <i>C. Hasson</i>	

(Licensed Embalmer's Statement on Reverse Side)

300
1-56

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

69-0

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 *J. M. Cater*

Licensed Embalmer No. *41*
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.