

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

45399

STATE FILE NUMBER

FILED JAN 6 1958

Registration District No. 294

Primary Registration District No. 3056

Registrar's No. 308

1. PLACE OF DEATH a. COUNTY Randolph				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission). a. STATE Missouri b. COUNTY Randolph			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Moberly		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN Moberly		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 1407 Hurley Ave.				Length of stay in 1b		d. STREET ADDRESS (If outside, give location) 1407 Hurley Ave,	
3. NAME OF DECEASED (Type or print) RUTH		First RUTH		Middle BELLE		Last COUSINS	
4. DATE OF DEATH Dec. 17 1957		Month Dec.		Day 17		Year 1957	
5. SEX Female		6. COLOR OR RACE White		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH July 27, 1892	
9. AGE (In years last birthday) 65		IF UNDER 1 YEAR Months 0 Days 0 Hours 0 Min. 0		IF UNDER 24 HRS. Hours 0 Min. 0		12. CITIZEN OF WHAT COUNTRY? USA	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife				10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) Ardmore, Missouri	
13. FATHER'S NAME James Adkisson				14. MOTHER'S MAIDEN NAME Mary Teters			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. -----		17. INFORMANT Miss Anna Ruth Cousins		Address Moberly	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Pulmonary Embolus DUE TO (b) Generalized Carcinomatous Primary stomach DUE TO (c) Unknown Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 151X							INTERVAL BETWEEN ONSET AND DEATH 1 hr.
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 ----- Month ----- Day ----- Year ----- a. m. ----- p. m. -----		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input 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 Sept 9, 1957 to Dec 17, 1957 and last saw her ^{her} him alive on Oct 23, 1957 Death occurred at Home on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE W. C. Cooper D.O. (Degree of 110e)				22b. ADDRESS Huntville		22c. DATE SIGNED 12-20-57	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 12-20-1957		23c. NAME OF CEMETERY OR CREMATORY Keytesville		23d. LOCATION (City, town, or county) (State) Keytesville, Mo.	
24. FUNERAL DIRECTOR MAHAN FUNERAL SERVICE				ADDRESS MOBERLY		25. DATE RECD. BY LOCAL REG. 12-20-57	
26. REGISTRAR'S SIGNATURE Leahur Lane							

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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.

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 *John A. Green*.....

Licensed Embalmer No. *3815*

P. O. Address *Montreal, Qc.*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.