

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-033823

STATE FILE NUMBER

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

FILED OCT 15 1958		Registration District No. _____		Primary Registration District No. _____		5999		Registrar's No. _____			
1. PLACE OF DEATH a. COUNTY <b>Ralls,</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Ralls,</b>							
b. CITY (If outside corporate limits, give TOWNSHIP only) Inside Limits OR <b>Center Township</b> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>				c. CITY OR TOWN <b>Center, Mo. R.F.D.</b>				Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Center, Mo RFD</b>				Length of stay in lb <b>6Yrs</b>		d. STREET ADDRESS (If outside, give location) <b>Center Township</b>				Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <b>LUNA</b> Middle <b>F.</b> Last <b>MOBERLY.</b>				4. DATE OF DEATH Month <b>Oct</b> Day <b>5,</b> Year <b>1958</b>							
5. SEX <b>Female</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <b>May 24, 1867</b>		9. AGE (In years last birthday) <b>91</b>		IF UNDER 1 YEAR Months _____ Days _____ Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housework.</b>				10b. KIND OF BUSINESS OR INDUSTRY <b>Home work</b>		11. BIRTHPLACE (City and state or country) <b>Moberly, Mo.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>			
13. FATHER'S NAME <b>Wm Foree</b>						14. MOTHER'S MAIDEN NAME <b>Susana Andrews.</b>					
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>				16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT <b>Mrs Jess McIntosh</b> Address <b>Center, Mo.</b>					
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Cerebral Hemorrhage</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>Senility &amp; arteriosclerosis</b> DUE TO (c) <b>331X</b>										INTERVAL BETWEEN ONSET AND DEATH <b>1 wk</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 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 <b>Sept. 30</b> to <b>Oct 5</b> and last saw her <del>him</del> alive on <b>Oct. 5</b> Death occurred at <b>1:20</b> P.m. on the date stated above; and to the best of my knowledge, from the causes stated.											
22a. SIGNATURE (Degree or title) <b>Ernest T. Swan D.O.</b>						22b. ADDRESS <b>Perry, Missouri.</b>		22c. DATE SIGNED <b>10-8-58</b>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>10-8-58</b>		23c. NAME OF CEMETERY OR CREMATORY <b>Oakland Cemetery.</b>		23d. LOCATION (City, town, or county) <b>Moberly, Mo.</b>		(State)			
24. FUNERAL DIRECTOR ADDRESS <b>Clyde C. Wilkey Perry, Mo.</b>				25. DATE RECD. BY LOCAL REG. <b>10-8-1958</b>		26. REGISTRAR'S SIGNATURE <b>Clyde C. Wilkey</b>					

(Licensed Embalmer's Statement on Reverse Side)

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 *Clyde Wilber*

Licensed Embalmer No. *38*

P. O. Address *Perry*

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.