

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-037432

STATE FILE NUMBER

FILED NOV 10 1958 Registration District No. 294 Primary Registration District No. 3056 Registrar's No. 233

1. PLACE OF DEATH a. COUNTY Randolph		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Rand.	
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 1883
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 217 Franklin St.		Length of stay in 1b 15 yrs.	d. STREET ADDRESS (If outside, give location) 207 Franklin St. Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Ellen Middle Forrest Last Cooley		4. DATE OF DEATH Month 11 Day 1 Year 58	
5. SEX female	6. COLOR OR RACE white	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> 2 DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 5/4/1887
9a. 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) Randolph Co., Mo.
12. CITIZEN OF WHAT COUNTRY? USA		13. FATHER'S NAME Henry T. Garrett	
14. MOTHER'S MAIDEN NAME Catherine Randolph		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. 491 26 9605		17. INFORMANT Mrs. Gus Williams Address Moberly, Mo	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c.)] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Carcinoma of Pancreas DUE TO (b) — DUE TO (c) — Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			INTERVAL BETWEEN ONSET AND DEATH Jan 1958
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (e) Sept. 9/1958 abdominal operation			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 2
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input checked="" type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 157X	
20c. TIME OF INJURY Hour 9:45 Month Jan Day 1 Year 58 a. m. <input checked="" type="checkbox"/> p. m. <input type="checkbox"/>		20d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office building, etc.)	
20e. CITY, TOWN, OR LOCATION Moberly		COUNTY Missouri STATE Missouri	
21. I attended the deceased from Aug. 25/58 to Nov. 1/58 and last saw her alive on Nov. 1/58 Death occurred at 9:45 am on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Dr. R. E. Huber MD		22b. ADDRESS Moberly Mo	
22c. DATE SIGNED 11/3/58		22d. ADDRESS (State)	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 11/3/58	23c. NAME OF CEMETERY OR CREMATORY Oakland	23d. LOCATION (City, town, or county) Moberly, Missouri
24. FUNERAL DIRECTOR Marion E. Million		ADDRESS Moberly, Mo.	25. DATE RECD. BY LOCAL REG. 11/3/58
26. REGISTRAR'S SIGNATURE Rebecca...			

(Licensed Embalmer's Statement on Reverse Side)

Health, & Welfare
 Public Service
 300
 1-56
 All 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.

NOV 12 1958

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 *Marion E. Sullivan*

Licensed Embalmer No. *39*

P. O. Address *Stoberly*

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.