

MURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-041342

FILED VS NOV 3 0 1959

Registration District No. 294 Primary Registration District No. 3056 Registrar's No. 267

STATE FILE NUMBER

ENDED

| | | | | | | | |
|---|--|---|--|---|--|--|---|
| 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 | | Length of stay in 1b 3 Yrs | | 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 Woodland Hospital | | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | d. STREET ADDRESS (If outside, give location) 824 McKinley | | | Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| 3. NAME OF DECEASED (Type or print) First HATTIE Middle BELLE Last CARROLL | | | | 4. DATE OF DEATH Month NOV. Day 19 Year 1959 | | | |
| 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 11-16-1874 | 9. AGE (last birthday) 85 | IF UNDER 1 YEAR Months Days Hours Min. | IF UNDER 24 HR |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife | | | 10b. KIND OF BUSINESS OR INDUSTRY Iowa | | 11. BIRTHPLACE (City and state or country) Iowa | | 12. CITIZEN OF WHAT COUNTRY USA |
| 13a. FATHER'S NAME George Adams | | | 13b. MOTHER'S MAIDEN NAME Maggie Groves | | | 14. NAME OF HUSBAND OR WIFE | |
| 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. None | | 17. INFORMANT Mrs. Roy Forsyth | | 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) Pneumonia, Bronch, Left Lobe 1 mo Bronchopneumonia, left lower lobe Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) DUE TO (c) | | | | | | | INTERVAL BETWEEN ONSET AND DEATH |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I. Adrenal Insufficiency | | | | | PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown | | |
| 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/> | 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.) Adrenal Insufficiency 4 to 6 mo. | | | |
| 20c. TIME OF INJURY Hour s.m. p.m. | Month, Day, Year | | | | | | |
| 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 <u>1958</u> to <u>1959</u> and last saw her alive on <u>Nov 19 1959</u> Death occurred at <u>4 p</u> m on the date stated above, and to the best of my knowledge, from the causes stated. | | | | | | | |
| 22a. SIGNATURE (Degree or title) <i>Willie...</i> | | | | 22b. ADDRESS <i>Moberly Mo</i> | | 22c. DATE SIGNED <i>Nov 20 1959</i> | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 23b. DATE 11-21-1959 | 23c. NAME OF CEMETERY OR CREMATORY Sunset Hill | | 23d. LOCATION (City, town, or county) Madison | | Mo. | (State) |
| 24. FUNERAL DIRECTOR Mahan Funeral Service | | | ADDRESS Moberly | | 25. DATE RECD. BY LOCAL REG. Nov. 20 59 | 26. REGISTRAR'S SIGNATURE <i>Leah...</i> | |

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

VS DEC 2 1959 SA

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed James A. Green

Licensed Embalmer No. 3815

P. O. Address Moberly

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