

STANDARD CERTIFICATE OF DEATH

FILED MAY 11 1949

State File No.

BIRTH NO.		REG. DIST. NO. <u>294</u>		PRIMARY REG. DIST. NO. <u>300E</u>		Registrar's No. <u>100</u>			
1. PLACE OF DEATH a. COUNTY <u>Randolph</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Boone</u> c. CITY (If outside corporate limits, write RURAL and give township) <u>Columbia</u> d. STREET ADDRESS (If rural, give location) <u>618 North 8th ST</u>					
b. CITY (If outside corporate limits, write RURAL and give township) <u>Moberly</u>		c. LENGTH OF STAY (In this place) <u>29 days</u>		d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Wabash Employes Hospital</u>		e. DATE OF DEATH (Month) (Day) (Year) <u>MAY 5 1949</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Joseph</u> b. (Middle) <u>Ralph</u> c. (Last) <u>VALETTY</u>			4. DATE OF DEATH		5. SEX <u>MALE</u>		6. COLOR OR RACE <u>white</u>		
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>		8. DATE OF BIRTH <u>June 1 1890</u>		9. AGE (In years last birthday) <u>58</u>		10. MONTHS <u>11</u> DAYS <u>4</u>		11. BIRTHPLACE (State or foreign country) <u>Jacksonville, Mo.</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Conductor</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Wabash R.R.Co</u>		11. BIRTHPLACE (State or foreign country)		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13. COUNTRY?	
13a. FATHER'S NAME <u>John VALETTY</u>			13b. MOTHER'S MAIDEN NAME <u>MAMIE VALETTY</u>			14. NAME OF HUSBAND OR WIFE <u>ANNA Belle VALETTY</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>703-03-9747</u>		17. INFORMANT'S SIGNATURE OR NAME <u>ANNA Belle VALETTY</u>		ADDRESS <u>Columbia Mo.</u>		18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c). *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Congestive Heart Failure</u>		DUE TO (b) <u>Chronic rheumatic Heart Disease</u>		DUE TO (c)		INTERVAL BETWEEN ONSET AND DEATH <u>35 days</u>		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?		22. I hereby certify that I attended the deceased from <u>Apr 6, 1949</u> to <u>MAY 4, 1949</u> , that I last saw the deceased alive on <u>MAY 4 1949</u> and that death occurred at <u>4:02 P.m.</u> , from the causes and on the date stated above.	
23a. SIGNATURE <u>Anna Belle Valetty</u> (Type or title)		23b. ADDRESS <u>Moberly Mo</u>		23c. DATE SIGNED <u>MAY 6, 1949</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>May 6 1949</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Jacksonville Mo</u>		24d. LOCATION (City, town, or county) (State) <u>Jacksonville Mo</u>		DATE REC'D BY LOCAL REG. <u>5-6-49</u>		REGISTRAR'S SIGNATURE <u>Seal, William Stone</u>		FUNERAL DIRECTOR'S SIGNATURE <u>Parker Funeral Home</u> ADDRESS <u>Columbia, Mo.</u>	

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RECEIVED

District Health Officer No

District File Number 549

MAY 10 1949

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 Student Embalmer

Signed Tom McHarg Jr

Licensed Embalmer No. 4067

P. O. Address Columbia Mo

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 this body is not embalmed, fact should be so stated above.