No. 300
10.48

FILED JUN 7 1949

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 16903

BIRTH NO. _____ REG. DIST. NO. 294 PRIMARY REG. DIST. NO. 3056 Registrar's No. 123

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH
a. COUNTY Randolph
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Moberly
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 919 So 4th St.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri b. COUNTY Randolph
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Moberly
d. STREET ADDRESS (If rural, give location) 919 So 4th St.

3. NAME OF DECEASED (Type or Print) a. (First) Nora b. (Middle) c. (Last) Deskin

4. DATE OF DEATH (Month) (Day) (Year) May 30th 1949

5. SEX Female
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single
8. DATE OF BIRTH March 20th 1868
9. AGE (In years last birthday) 81 — IF UNDER 1 YEAR Months 2 Days 10 — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At home
10b. KIND OF BUSINESS OR INDUSTRY ✓
11. BIRTHPLACE (State or foreign country) 9
12. CITIZEN OF WHAT COUNTRY?

13a. FATHER'S NAME Enock Deskin
13b. MOTHER'S MAIDEN NAME Mary A. McKinsey
14. NAME OF HUSBAND OR WIFE Miss Nell Deskin

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) ✓ (If yes, give war or dates of service) ✓
16. SOCIAL SECURITY NO. ✓
17. INFORMANT'S SIGNATURE OR NAME Miss Nell Deskin ADDRESS

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chr Myocarditis — INTERVAL BETWEEN ONSET AND DEATH 1 yr

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. 4222

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Jan 1, 1949, *to* May 30, 1949, *that I last saw the deceased alive on* May 30, 1949, *and that death occurred at* 5:30 p m., *from the causes and on the date stated above.*

23a. SIGNATURE H C. Griffith MD (Degree or title)
23b. ADDRESS Moberly Mo
23c. DATE SIGNED 5/31/49

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE June 1st 49
24c. NAME OF CEMETERY OR CREMATORY Oakland
24d. LOCATION (City, town, or county) Moberly (State) Mo

DATE REC'D BY LOCAL REG. June 1-49
REGISTRAR'S SIGNATURE Leah Williams Tower 269
25. FUNERAL DIRECTOR'S SIGNATURE Mahan and Son ADDRESS Moberly Mo

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 1
District File Number 6-49-98
Date Filed JUN 6 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 .....

Licensed Embalmer No. .....

P. O. Address .....

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.