

No. 300
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WRITE PLAINLY--USING UNFADING BLACK INK--MAKE A PERMANENT RECORD

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED AUG 18 1949

State File No. 27721

BIRTH NO. _____		REG. DIST. NO. 294		PRIMARY REG. DIST. NO. 3056		Registrar's No. 177	
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>Randolph</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Moberly</u>		c. LENGTH OF STAY (in this place) <u>0</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Moberly</u>		88 30 8	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Woodland Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>329 Fulton Ave</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Mattie</u> b. (Middle) <u>Ellen</u> c. (Last) <u>Kirtley</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Aug. 8 1949</u>				
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED: NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Oct 2nd 1882</u>		9. AGE (In years) (Months) (Days) <u>66 10 6</u>	IF UNDER 15 HRS. <u>0</u>	IF UNDER 24 HRS. <u>0</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>At Home</u>		10b. KIND OF BUSINESS OR INDUSTRY <input checked="" type="checkbox"/>		11. BIRTHPLACE (State or foreign country) <u>Mo</u>		12. CITIZEN OF WHAT COUNTRY?	
13a. FATHER'S NAME <u>Edward Fletcher</u>		13b. MOTHER'S MAIDEN NAME <u>Rebecca Lewis</u>		14. NAME OF HUSBAND OR WIFE <u>Millard F. Kirtley</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <input checked="" type="checkbox"/>		16. SOCIAL SECURITY NO. <input checked="" type="checkbox"/>		17. INFORMANT'S SIGNATURE OR NAME <u>Millard F. Kirtley</u>		ADDRESS <u>Moberly 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Tetanus.</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a), stating the underlying cause last. DUE TO (b) <u>Compound Comminuted Fracture Both Bones left leg</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Cerebral embolus.</u>				INTERVAL BETWEEN ONSET AND DEATH <u>5 days</u> <u>13 days</u> <u>9000</u> <u>10 hours</u>	
19a. DATE OF OPERATION <u>July 26</u>		19b. MAJOR FINDINGS OF OPERATION <u>Very dirty Compd Fract.</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT (Specify) <u>Accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Home</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Moberly Randolph Mo.</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>July 26 1949 8:30</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Fall from back steps of home</u>			
22. I hereby certify that I attended the deceased from <u>July 26 1949</u> to <u>Aug 8 1949</u> that I last saw the deceased alive on <u>Aug 8 1949</u> and that death occurred at <u>2:30</u> p.m., from the causes and on the date stated above.							
23a. SIGNATURE <u>[Signature]</u> (Degree or title) <u>Mo</u>				23b. ADDRESS <u>Moberly Mo</u>		23c. DATE SIGNED <u>Aug 10</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Aug 10 1949</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Oakland</u>		24d. LOCATION (City, town, or county) (State) <u>Moberly Mo</u>		
DATE REC'D BY LOCAL REG. <u>8-16-49</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u>		ADDRESS <u>Moberly Mo</u>	

AUG 2 2 1949

RECEIVED AUG 15 1949
District Health Officer No. 10
District File Number 8-29-1402
Date Filed AUG 16 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.

Signed Frank D. DeWitt

Signed _____
Student Embalmer

Licensed Embalmer No. 3021

P. O. Address Moberly 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.