

FILED AUG 31 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 27728

88603

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 294 PRIMARY REG. DIST. NO. 3056 Registrar's No. 189

1. PLACE OF DEATH a. COUNTY <b>Randolph</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Randolph</b>	
b. CITY OR TOWN <b>Moberly</b>		c. CITY OR TOWN <b>Moberly</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>502 Madison</b>		d. STREET ADDRESS (If rural, give location) <b>502 Madison</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>Elizabeth</b> b. (Middle) <b>Smith</b> c. (Last) <b>Rasp</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Aug 25<sup>th</sup> 1949</b>		
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widow</b>	8. DATE OF BIRTH <b>Nov. 7<sup>th</sup> 1868</b>	9. AGE (In years) Last birthday <b>80</b>	10. <b>9</b> MONTHS <b>18</b> DAYS
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>At home</b>		10b. KIND OF BUSINESS OR INDUSTRY <input checked="" type="checkbox"/>	11. BIRTHPLACE (State or foreign country) <b>Mo</b>		12. CITIZEN OF WHAT COUNTRY? <b>Mo</b>

13a. FATHER'S NAME <b>Denis Gilooly</b>	13b. MOTHER'S MAIDEN NAME <b>Mary Floyd</b>	14. NAME OF HUSBAND OR WIFE
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) <input checked="" type="checkbox"/>	16. SOCIAL SECURITY NO. <input checked="" type="checkbox"/>	17. INFORMANT'S SIGNATURE OR NAME <b>Mrs Frank Francis</b>

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		INTERVAL BETWEEN ONSET AND DEATH <b>2 yr</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cancer stomach &amp; liver</b>		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>151X</b>		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>NO</b>	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 **Jan 48**, to **Aug 25, 1949**, that I last saw the deceased alive on **8-25, 1949**, and that death occurred at **7:40 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE <b>HC Bruffelant</b> (Degree or title)	23b. ADDRESS <b>Moberly Mo</b>	23c. DATE SIGNED <b>8-25-49</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>Aug 27<sup>th</sup> 49</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Mt Olivet</b>	24d. LOCATION (City, town, or county) (State) <b>Hannibal Mo</b>
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DATE REC'D BY LOCAL REG. <b>Aug 27-49</b>	REGISTRAR'S SIGNATURE <b>Leah Wallace</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Mahan and Son</b>	ADDRESS <b>Moberly Mo</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

AUG 30 1949

RECEIVED

District Health Officer No. 1

District File Number 8-49-149

Date Filed AUG 30 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 \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

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.