

FILED DEC 14 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 38359

BIRTH NO. _____ REG. DIST. NO. 295 PRIMARY REG. DIST. NO. 6013 Registrar's No. 44

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

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, write RURAL and give township) OR TOWN Salt Springs Township		c. LENGTH OF STAY (in this place)	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Moberly		d. STREET ADDRESS (If rural, give location)
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Pleasant View Home					

3. NAME OF DECEASED a. (First) Naomi b. (Middle) Hampton c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) Dec 1st 1949					
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Mch 5th 1854	9. AGE (In years last birthday) 95	IF UNDER 1 YEAR 8 Months	IF UNDER 24 HRS. 26 Days	IF UNDER 4 HRS. _____ Hours	IF UNDER 15 HRS. _____ 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 <input checked="" type="checkbox"/>	11. BIRTHPLACE (State or foreign country) 1 Ky.		12. CITIZEN OF WHAT COUNTRY U.S.A.		

13a. FATHER'S NAME Greenup Jones		13b. MOTHER'S MAIDEN NAME No data		14. NAME OF HUSBAND OR WIFE <input checked="" type="checkbox"/>	
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 ADDRESS H.M. Brock. Moberly, Mo	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial degeneration		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerosis DUE TO (c) Senility.				II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.						4221

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> - NO <input 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) (Min.)		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 on **December 1, 1949** that I last saw the deceased alive on Dec. 1, 1949, and that death occurred, at 7:30 a.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Ernest M. Eschman D.O.		23b. ADDRESS Huntsville, Mo		23c. DATE SIGNED 12/2/49	
24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE Dec 3rd 1949	24c. NAME OF CEMETERY OR CREMATORY Crown Hill	24d. LOCATION (City, town, or county) (State) Excelsior Springs, Mo		
DATE REC'D BY LOCAL REG. 12-7-49		REGISTRAR'S SIGNATURE Mr. D.A. Barnhart		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Mahaw and Sew Moberly, Mo	

RECEIVED DEC 13 1949
District Health Officer No. 10
District File Number 12-49-20
Date Filed _____

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 S. B. Witt

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.