

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

STANDARD CERTIFICATE OF DEATH

State File No. **42094**

FILED JAN 6 1950

BIRTH NO. _____ REG. DIST. NO. **294** PRIMARY REG. DIST. NO. **2056** Registrar's No. **377**

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 Moberly		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Moberly	
c. LENGTH OF STAY (in this place) _____		d. STREET ADDRESS (If rural, give location) 706 McKinley	
d. FULL NAME OF HOSPITAL OR INSTITUTION 706 McKinley			

3. NAME OF DECEASED (Type or Print) a. (First) Virginia b. (Middle) _____ c. (Last) Drew			4. DATE OF DEATH (Month) (Day) (Year) Dec 26 1949		
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
8. DATE OF BIRTH Nov. 3rd 1916		9. AGE (In years last birthday) 33		10. # UNDER 1 YEAR Days 1 # UNDER 24 HRS. Min. 23	
10a. USUAL OCCUPATION (Give kind of work or life, even if retired) Shoe worker		10b. KIND OF BUSINESS OR INDUSTRY Brown Shoe Co		11. BIRTHPLACE (State or foreign country) Mo	
12. CITIZEN OF WHAT COUNTRY? Mo					

13a. FATHER'S NAME Henry Harrison		13b. MOTHER'S MAIDEN NAME Isabel McKeenan		14. NAME OF HUSBAND OR WIFE George	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <input checked="" type="checkbox"/> (If yes, give war or dates of service) <input checked="" type="checkbox"/>		16. SOCIAL SECURITY NO. 491-07-0715		17. INFORMANT'S SIGNATURE OR NAME George Drew ADDRESS Moberly, Mo	

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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Natural - Under the influence of ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Ethiasias (exposure) DUE TO (c) _____			INTERVAL BETWEEN ONSET AND DEATH 7.955
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) Natural		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Moberly Randolph Mo.	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		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 **2**, 19**49**, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Chas. C. Barnes, Coroner		23b. ADDRESS Moberly, Mo.		23c. DATE SIGNED Dec. 27-49	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Dec. 28 1949		24c. NAME OF CEMETERY OR CREMATORY Oakland	
24d. LOCATION (City, town, or county) (State) Moberly, Mo.		25. FUNERAL DIRECTOR'S SIGNATURE Mahmoud Law ADDRESS Moberly, Mo.			
DATE REC'D BY LOCAL REG. Dec 28-49		REGISTRAR'S SIGNATURE Leah Williams			

JAN 7 1950

JAN 5 1950

RECEIVED JAN 5 1950
District Health Officer No. 10
District File Number 1-58-47
Date Filed JAN 5 1950

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 Frank S. Witt

Licensed Embalmer No. 3021

P. O. Address Groberly, Md

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

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