

FILED FEB 3 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **2133**BIRTH NO. _____ REG. DIST. NO. **294** PRIMARY REG. DIST. NO. **3056** Registrar's No. **26**

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 OR TOWN (If outside corporate limits, write RURAL and give township) Moberly		c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Moberly 0213	
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 602 Sparks, Ave.		d. STREET ADDRESS (If rural, give location) 602 Sparks Ave	

3. NAME OF DECEASED (Type or Print) a. (First) May b. (Middle) E. c. (Last) Miller			4. DATE OF DEATH (Month) (Day) (Year) Jan. 26th 1950		
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow	8. DATE OF BIRTH June 6th, 1862	9. AGE (In years last birthday) 87	IF UNDER 1 YEAR 7 Months 20 Days	IF UNDER 24 HRS. 11 Hours 15 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) Ill		12. CITIZEN OF WHAT COUNTRY?

13a. FATHER'S NAME Alexander Cannady	13b. MOTHER'S MAIDEN NAME Unknown	14. NAME OF HUSBAND OR WIFE
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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 Chester Miller ADDRESS Moberly, Mo.
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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.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Urinary Thrombosis		INTERVAL BETWEEN ONSET AND DEATH 1 da
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Senile Dementia		Undetermined
	DUE TO (c) Intestinal Virus		1 wk
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			4-20-1

19a. DATE OF OPERATION None	19b. MAJOR FINDINGS OF OPERATION None	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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 **1946**, to **1-76**, 19**50**, that I last saw the deceased alive on **1-24**, 19**50**, and that death occurred at **4:30 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE Deirdre S. Jolly (Degree or title) D.O.	23b. ADDRESS 213 1/2 Malack Moberly Mo	23c. DATE SIGNED 1-26-50
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Jan. 28th-50	24c. NAME OF CEMETERY OR CREMATORY Oakland	24d. LOCATION (City, town, or county) (State) Moberly Mo.
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DATE REC'D BY LOCAL REG. 1-28-50	REGISTRAR'S SIGNATURE Leah Belleau	25. FUNERAL DIRECTOR'S SIGNATURE Mahan and Son ADDRESS Moberly, Mo.
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WAYE PLAINLY—USING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

FEB 1 1950

District Health Officer No.

District File Number 1-20-

Date Filed FEB 1 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 O. O'Walt

Licensed Embalmer No. 3021

P. O. Address Moherly, Md

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

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