

THE DIVISION OF HEALTH OF MISSOURI
FILED MAY 5 1950 STANDARD CERTIFICATE OF DEATH

State File No. 14183

BIRTH NO. _____ REG. DIST. NO. 224 PRIMARY REG. DIST. NO. 3056 Registrar's No. 119

0883

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

| | | | |
|--|--|---|--|
| 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 OR TOWN <u>Moberly</u> | | c. CITY OR TOWN <u>Moberly</u> <u>0883</u> | |
| c. LENGTH OF STAY (In this place) | | d. STREET ADDRESS (If rural, give location) <u>0</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Whitaker Hospital</u> | | | |

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|--|-------------------------|-----------------------------|------------------------|--|
| 3. NAME OF DECEASED (Type or Print) | a. (First) <u>Ellen</u> | b. (Middle) <u>Jeanette</u> | c. (Last) <u>Haley</u> | 4. DATE OF DEATH (Month) (Day) (Year) <u>Apr. 27th 1950</u> |
|--|-------------------------|-----------------------------|------------------------|--|

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|----------------------|-------------------------------|---|--|---------------------------------|--------------------------------|------------------------|
| 5. SEX <u>Female</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widow</u> | 8. DATE OF BIRTH <u>Nov 30th 1864</u> | 9. AGE (In years last birthday) | IF UNDER 1 YEAR | IF UNDER 24 HRS. |
| | | | | <u>85</u> | Months <u>4</u> Days <u>27</u> | Hours _____ Min. _____ |

| | | | |
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| 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 | 11. BIRTHPLACE (State or foreign country) <u>Mo</u> | 12. CITIZEN OF WHAT COUNTRY? |
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|-----------------------------------|--|--------------------------------------|
| 13a. FATHER'S NAME <u>No data</u> | 13b. MOTHER'S MAIDEN NAME <u>No data</u> | 14. NAME OF HUSBAND OR WIFE <u>✓</u> |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>✓</u> (If yes, give war or date of service) | 16. SOCIAL SECURITY NO. <u>✓</u> | 17. INFORMANT'S SIGNATURE OR NAME <u>Ernest Riley</u> | ADDRESS <u>Middle Grove, Mo</u> |
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| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</i> | MEDICAL CERTIFICATION | | INTERVAL BETWEEN ONSET AND DEATH <u>5 days</u> |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Bronchopneumonia</u> | | |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>senility</u> DUE TO (c) | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | <u>49DX</u> | |

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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES <input type="checkbox"/> NO <input 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 4-23-50, 1950, to 4-27-50, 1950, that I last saw the deceased alive on 4-27-50, 1950, and that death occurred at 5:00 a.m., from the causes and on the date stated above.

| | | |
|--|---------------------------------|---------------------------------|
| 23a. SIGNATURE (Degree or title) <u>E.T. Whitaker D.D.O.</u> | 23b. ADDRESS <u>Moberly, Mo</u> | 23c. DATE SIGNED <u>4-28-50</u> |
|--|---------------------------------|---------------------------------|

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|---|--|--|---|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 24b. DATE <u>Apr. 28th 1950</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Middle Grove</u> | 24d. LOCATION (City, town, or county) (State) <u>Middle Grove, Mo</u> |
|---|--|--|---|

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|---|---|---|---------------------------|
| DATE REC'D BY LOCAL REG. <u>Apr 28-50</u> | REGISTRAR'S SIGNATURE <u>Leslie Belliveau Jones</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Mahaw and Sew</u> | ADDRESS <u>Moberly Mo</u> |
|---|---|---|---------------------------|

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MAY

RECEIVED MAY 1 1950
District Health Officer No. 10
District File Number.....
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 D. D'Watt

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.