

FILED OCT 4 1950

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 31379

883

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

BIRTH NO. _____		REG. DIST. NO. 294		PRIMARY REG. DIST. NO. 3056		Registrar's No. 237	
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 (If outside corporate limits, write RURAL and give township) OR TOWN <u>Moberly</u>		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Moberly</u>		0893	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>606 W Rollins</u>				d. STREET ADDRESS (If rural, give location) <u>606 W. Rollins</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>Lydia</u>		b. (Middle)		c. (Last) <u>Anderson</u>	
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widow</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Sept. 27, 1950</u>	
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 <u>✓</u>		8. DATE OF BIRTH <u>Sept 13-1868</u>		9. AGE (In years) (Months) (Days) (Hours) (Min.) <u>82 0 14</u>	
11. BIRTHPLACE (State or foreign country) <u>Sweden</u>				12. CITIZEN OF WHAT COUNTRY? <u>4</u>			
13a. FATHER'S NAME <u>Nodala</u>		13b. MOTHER'S MAIDEN NAME <u>Marie Pettersson</u>		14. NAME OF HUSBAND OR WIFE			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>✓</u>		16. SOCIAL SECURITY NO. <u>✓</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs Riley Polson Moberly</u>			
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>acute endo corditis</u> ANTECEDENT CAUSES <u>Ball stones</u> DUE TO (b) <u>Ball stones</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <u>5841</u> Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>10 days</u>	
19a. DATE OF OPERATION <u>9-7-50</u>		19b. MAJOR FINDINGS OF OPERATION <u>Stones in Gall bladder</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE <u>✓</u>		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.) <u>✓</u>		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 <u>Sept 5</u> , 19 <u>50</u> , to <u>Sept 27</u> , 19 <u>50</u> that I last saw the deceased alive on <u>Sept 27</u> , 19 <u>50</u> , and that death occurred at <u>5:50 a. m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Dr. L. Mc Cormick, M.D.</u>				23b. ADDRESS <u>319 Grand Ave Moberly Mo.</u>		23c. DATE SIGNED <u>9-27-50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Sept. 29, 1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Oakland</u>		24d. LOCATION (City, town, or county) (State) <u>Moberly Mo.</u>	
DATE REC'D BY LOCAL REG. <u>9-29-50</u>		REGISTRAR'S SIGNATURE <u>Leah Christine Javis</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Mahan and Son Moberly Mo</u>			

Date Received: OCT 2 1950
DISTRICT HEALTH OFFICE #2
District File Number 10-50-1
Date Filed: OCT 3 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 _____

working under my personal supervision.

Student Embalmer No.

Signed _____

Frank B D. Watt

Signed _____
Student Embalmer

Licensed Embalmer No. 3021

P. O. Address _____

Mobile, 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.