

# THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

9660

State File No. ....

FILED MAR 28 1951

|   |  |   |  |  |  |   |  |
|---|--|---|--|--|--|---|--|
| BIRTH NO. ....  |  | REG. DIST. NO. <u>294</u>   |  | PRIMARY REG. DIST. NO. <u>3056</u>   |  | Registrar's No. <u>76</u>   |  |
| 1. PLACE OF DEATH<br>a. COUNTY <u>Randolph</u>  |  |   |  | 2. USUAL RESIDENCE (Where deceased lived if institution; residence before admission)<br>a. STATE <u>Missouri</u> b. COUNTY <u>Randolph</u> |  |   |  |
| b. CITY OR TOWN <u>Moberly</u>  |  | c. LENGTH OF STAY (in this place) <u>5 min</u>  |  | c. CITY OR TOWN <u>Moberly</u>   |  | 0883  |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>McComick Hospital</u>  |  |   |  | d. STREET ADDRESS (If rural, give location) <u>1010 North Ault</u>   |  |   |  |
| 3. NAME OF DECEASED<br>(Type or Print)<br>a. (First) <u>Emma</u> b. (Middle) <u>Christine</u> c. (Last) <u>Allen</u>  |  |   |  | 4. DATE OF DEATH (Month) (Day) (Year)<br><u>March-16-1951</u>  |  |   |  |
| 5. SEX <u>Female</u>  |  | 6. COLOR OR RACE <u>White</u>   |  | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>  |  | 8. DATE OF BIRTH <u>June-10-1874</u>                                  |  |
| 9. AGE (in years last birthday) <u>76</u>   |  | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>   |  | 11. BIRTHPLACE (State or foreign country) <u>Fulton Missouri</u>   |  | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>                            |  |
| 13a. FATHER'S NAME <u>Oscar Fogelstrom</u>  |  | 13b. MOTHER'S MAIDEN NAME <u>Agnes Johnson</u>  |  | 14. NAME OF HUSBAND OR WIFE  |  |   |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes no, or unknown) (If yes, give war or dates of service) <u>No</u>   |  | 16. SOCIAL SECURITY NO. <u>None</u>   |  | 17. INFORMANT'S SIGNATURE OR NAME <u>Wm. J. D. Dougherty Moberly MO.</u> ADDRESS   |  |   |  |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*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<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u><br>ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) <u>Hypertension</u><br>DUE TO (c) _____<br>II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death.<br><u>4201</u> |  |  |  | INTERVAL BETWEEN ONSET AND DEATH<br><u>6 Mos</u>                      |  |
| 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) m.  |  | 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>16 March, 1951</u> , to <u>16 March, 1951</u> , that I last saw the deceased alive on <u>16 March, 1951</u> , and that death occurred at <u>9:30 A.M.</u> , from the causes and on the date stated above. |  |   |  |  |  |   |  |
| 23a. SIGNATURE (Degree or title) <u>John A. Heydock 2nd</u>   |  |   |  | 23b. ADDRESS <u>220 Reed St. Moberly</u>   |  | 23c. DATE SIGNED <u>16 MAR 51</u>                                     |  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>   |  | 24b. DATE <u>March-18-51</u>  |  | 24c. NAME OF CEMETERY OR CREMATORY <u>Captland Cemetery</u>  |  | 24d. LOCATION (City, town, or county) (State) <u>Moberly Missouri</u> |  |
| DATE REC'D BY LOCAL REG. <u>Mar 18-51</u>   |  | REGISTRAR'S SIGNATURE <u>Paul Williams</u>  |  | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Snow Funeral Home</u>  |  | ADDRESS <u>Moberly MO.</u>  |  |

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300  
10.48  
0883

Date Received: MAR 26 1951  
DISTRICT HEALTH OFFICE #2  
District File Number 3-51-60  
Date Filed: MAR 27 1951

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.

Signed.....  
Student Embalmer

Signed

Student Embalmer No.....

Licensed Embalmer No. 4117

P. O. Address

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.