

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

21033

State File No. _____
Registrar's No. 148

FILED JUN 28 1951

BIRTH NO. _____ REG. DIST. NO. 294 PRIMARY REG. DIST. NO. 3056

5563

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

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	
d. FULL NAME OF HOSPITAL OR INSTITUTION Whitaker Hospital		d. STREET ADDRESS (If rural, give location) 507 South Clark Street	
3. NAME OF DECEASED (Type or Print) a. (First) Nonie b. (Middle) Bell c. (Last) McGee			4. DATE OF DEATH (Month) (Day) (Year) 6/14/51
5. SEX female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH 11/30/1867
9. AGE (In years last birthday) 83		10. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Monroe County, Missouri
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife		12. CITIZEN OF WHAT COUNTRY? U.S.	
13a. FATHER'S NAME Samuel Shearer		13b. MOTHER'S MAIDEN NAME Elizabeth Henderson	14. NAME OF HUSBAND OR WIFE deceased
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. no	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Beulah Boulware 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION "DIRECTLY LEADING TO DEATH" (a) generalized carcinoma *ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) mastectomy about 1 yr. ago. DUE TO (c) _____ 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 170X	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) (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 <u>June 3</u> , 19 <u>51</u> , to <u>June 14</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>June 14</u> , 19 <u>51</u> , and that death occurred at <u>14:45A</u> m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) E. T. Whitaker		23b. ADDRESS 2902 305 S. Fifth, Moberly, Mo	23c. DATE SIGNED 6-15-51
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 6/16/51	24c. NAME OF CEMETERY OR CREMATORY Oakland	24d. LOCATION (City, town, or county) (State) Moberly Missouri
DATE REC'D BY LOCAL REG. 6/16/51	REGISTRAR'S SIGNATURE Leah Buchanan	25. USUAL DIRECTOR'S SIGNATURE ADDRESS Miss Co. Moberly, Mo.	

Date Received: JUN 26 1951
DISTRICT HEALTH OFFICE #2
District File Number 6-51-1153
Date Filed: JUN 26 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.....

Student Embalmer/No.

working under my personal supervision.

Student
Student Embalmer

Signed *Maria E. Millison*.....

Licensed Embalmer No. 3957.....

P. O. Address Moberly, Missouri

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.