No. 300
10.48

FILED AUG 3 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 24091

BIRTH NO. _____ REG. DIST. NO. 294 PRIMARY REG. DIST. NO. 3056 Registrar's No. 178

883

1. PLACE OF DEATH
a. COUNTY: Randolph
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Moberly Mo.
c. LENGTH OF STAY (in this place): 1-Month
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Woodland Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo.
b. COUNTY: Chariton
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Keytesville, Mo. 0210
d. STREET ADDRESS (If rural, give location): Junction Highway # 24 & 5

3. NAME OF DECEASED (Type or Print): a. (First) Eva b. (Middle) V. c. (Last) Hirsch
4. DATE OF DEATH (Month) (Day) (Year): July 22 1951
5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widow
8. DATE OF BIRTH: Jan. 30th, 1881
9. AGE (In years last birthday): 70 IF UNDER 1 YEAR Months: 5 Days: 22 IF UNDER 24 HRS. Hours: Min.:
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House wife
10b. KIND OF BUSINESS OR INDUSTRY: House wife
11. BIRTHPLACE (State or foreign country): Chariton County, Mo.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME: Edward Gordon
13b. MOTHER'S MAIDEN NAME: Eliza Cash
14. NAME OF HUSBAND OR WIFE: William F. Hirsch
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S SIGNATURE OR NAME: Mrs. Bon Shively ADDRESS: Keytesville, Mo

MEDICAL CERTIFICATION

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, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Uremia — INTERVAL BETWEEN ONSET AND DEATH: 6 mos

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Nephrosclerosis — over 2 yrs

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death. Diabetes mellitus — 16 yrs

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: 446X
20. AUTOPSY? YES ☐ NO ☒

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* _____, 1951, *to* July 22, 1951, *that I last saw the deceased alive on* July 22, 1951, *and that death occurred at* 2.30P m., *from the causes and on the date stated above.*

23a. SIGNATURE: Clarence Cohrs (Degree or title)
23b. ADDRESS: 300 W Reed Moberly Mo
23c. DATE SIGNED: July 23 1951

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: July 24th 1951
24c. NAME OF CEMETERY OR CREMATORY: City Cemetery
24d. LOCATION (City, town, or county) (State): Keytesville, Mo.

DATE REC'D BY LOCAL REG.: 7-24-51
REGISTRAR'S SIGNATURE: Beah Williams Moore
25. FUNERAL DIRECTOR'S SIGNATURE: Hyde & Smith ADDRESS: Keytesville, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

Date Received: JUL 30 1951
DISTRICT HEALTH OFFICE #2
District File Number 8-57-1
Date Filed: AUG 2 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.

~~Student Embalmer No.~~ .....

Signed H. D. Garrett

Signed.....
Student Embalmer

Licensed Embalmer No. 3046

P. O. Address Key Lesville M

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

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