S. No. 300
v. 10-48

FILED OCT 17 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 34689

BIRTH NO. _____ REG. DIST. NO. 294 PRIMARY REG. DIST. NO. 3006 Registrar's No. 239

883
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1. PLACE OF DEATH
a. COUNTY: Randolph
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Moberly
c. LENGTH OF STAY (in this place):
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: Missouri
b. COUNTY: Randolph
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Renick 1880
d. STREET ADDRESS (If rural, give location): /

3. NAME OF DECEASED (Type or Print)
a. (First): Edna
b. (Middle):
c. (Last): Marshall

4. DATE OF DEATH (Month) (Day) (Year): Oct 3rd 1951

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widow
8. DATE OF BIRTH: Sept ? 1875
9. AGE (In years last birthday): 76 — IF UNDER 1 YEAR: Months ✓ Days ✓ — IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Athome
10b. KIND OF BUSINESS OR INDUSTRY: ✓
11. BIRTHPLACE (State or foreign country): O Mo
12. CITIZEN OF WHAT COUNTRY?

13a. FATHER'S NAME: S. Hubbard
13b. MOTHER'S MAIDEN NAME: No data
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) ✓
16. SOCIAL SECURITY NO.: ✓
17. INFORMANT'S SIGNATURE OR NAME — ADDRESS: Henderson Wilcox, 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: Few hours

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b): Hypertensive Cardiovascular Disease — Several years
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* Patient was found in deep coma & died shortly after admission to Hosp. Diagnosis not confirmed but compatible c̄ clinical findings.

19a. DATE OF OPERATION: —
19b. MAJOR FINDINGS OF OPERATION: — 443X
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* 6:00PM 3oct, 1951, *to* 10:30PM 3oct, 1951, *that I last saw the deceased alive on* 3 Oct, 1951, *and that death occurred at* 10:30P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): W. D. Chute MD
23b. ADDRESS: 208½ North 4th Moberly, Mo.
23c. DATE SIGNED: 10-6-51

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Oct 6th 1951
24c. NAME OF CEMETERY OR CREMATORY: Oakland
24d. LOCATION (City, town, or county) (State): Moberly, Mo

DATE REC'D BY LOCAL REG.: Oct 6-51
REGISTRAR'S SIGNATURE: Leah Williams Lowe
25. FUNERAL DIRECTOR'S SIGNATURE — ADDRESS: Mahan and Son Moberly Mo

(Licensed Embalmer's Statement on Reverse Side)

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

Date Received: OCT 15 1951
DISTRICT HEALTH OFFICE #2
District File Number 10-51-1829
Date Filed: OCT 15 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 Frank U McHatt

Licensed Embalmer No. 3021

P. O. Address Mobely 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.