No. 300
10.48

FILED JAN 7 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 42591

BIRTH NO. _____ REG. DIST. NO. 294 PRIMARY REG. DIST. NO. 3056 Registrar's No. 299

883
0

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) Moberly
d. STREET ADDRESS (If rural, give location) 216 Potter

3. NAME OF DECEASED (Type or Print)
a. (First) Kate
b. (Middle)
c. (Last) Schobb

4. DATE OF DEATH (Month) (Day) (Year) Dec 16 1951

5. SEX Female
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow
8. DATE OF BIRTH Apl. 1st 1885
9. AGE (In years last birthday) 66 | IF UNDER 1 YEAR Months 8 Days 15 | IF UNDER 24 HRS. Hours Min.

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

13a. FATHER'S NAME John Butler
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 Mrs Gladys Davenport
ADDRESS 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) Myocarditis acute — INTERVAL BETWEEN ONSET AND DEATH Dec. 17 51

ANTECEDENT CAUSES

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

DUE TO (b) Pneumonia — Nov. 27 51

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 Non
19b. MAJOR FINDINGS OF OPERATION 493X
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify) No
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* Nov. 27, 19 51, *to* Dec. 16, 19 51, *that I last saw the deceased alive on* Dec. 15, 19 51, *and that death occurred at* 5:30 p. m., *from the causes and on the date stated above.*

23a. SIGNATURE [illegible] (Degree or title) MD
23b. ADDRESS Moberly Mo
23c. DATE SIGNED 12/19/51

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE Dec 18 1951
24c. NAME OF CEMETERY OR CREMATORY Oakland
24d. LOCATION (City, town, or county) (State) Moberly Mo

DATE REC'D BY LOCAL REG. Dec 18 51
REGISTRAR'S SIGNATURE 269 [illegible]
25. FUNERAL DIRECTOR'S SIGNATURE Mahan and Son
ADDRESS

(Licensed Embalmer's Statement on Reverse Side)

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

Date Received: DEC 27 1951
DISTRICT HEALTH OFFICE #2
District File Number 12-51-2
Date Filed: DEC 28 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 D DeWitt

Licensed Embalmer No. 3021

P. O. Address Moberly Mo

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.