

STANDARD CERTIFICATE OF DEATH

State File No. **25402**

FILED JUL 29 1952

BIRTH NO. _____ REG. DIST. NO. **294** PRIMARY REG. DIST. NO. **3056** Registrar's No. **174**

1. PLACE OF DEATH a. COUNTY Randolph 0885		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Schuyler 99	
b. CITY (If outside corporate limits, write BURAL and give township) OR TOWN Moberly		c. CITY (If outside corporate limits, write BURAL and give township) OR TOWN Coatesville 1	
d. FULL NAME OF HOSPITAL OR INSTITUTION Whitaker Hospital		d. STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED (Type or Print) a. (First) Temperance b. (Middle) Hannah c. (Last) Childs			4. DATE OF DEATH (Month) (Day) (Year) July 23 1952	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow 2	8. DATE OF BIRTH Aug 12 1866	
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At home		9b. KIND OF BUSINESS OR INDUSTRY		9. AGE (In years last birthday) MONTHS DAYS HOURS MINS. 85 11 11
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)			11. BIRTHPLACE (City and State or Foreign Country) Ohio	
10b. KIND OF BUSINESS OR INDUSTRY			12. CITIZEN OF WHAT COUNTRY?	

13a. FATHER'S NAME Absalom Wells		13b. MOTHER'S MAIDEN NAME Rebecca Maxwell		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) <input checked="" type="checkbox"/>		16. SOCIAL SECURITY NO. <input checked="" type="checkbox"/>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. L. C. Gorman, 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, ashenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral hemorrhage		INTERVAL BETWEEN ONSET AND DEATH 1 week
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Senility		
	DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Paralysis agitans			

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 331X		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)		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 **Oct 12 1951**, to **July 23 1952**, that I last saw the deceased alive on **July 22 1952**, and that death occurred at **1:45 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Minnie R. Campbell, D.O. 2		23b. ADDRESS 205 S. Fifth Moberly Mo.		23c. DATE SIGNED 7-24-52	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 7-25-52		24c. NAME OF CEMETERY OR CREMATORY Coatesville Mo	

DATE REC'D BY LOCAL REG. 7-25-52		REGISTRAR'S SIGNATURE Leah Weisner Locke		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Mahan and Son Moberly, Mo	
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(Licensed Embalmer's Statement on Reverse Side)

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

SEP 24 1952

MAR 26 1953

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 S. 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 with the above constitutes grounds for revocation of license.)

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