

No. 300
10.48

STANDARD CERTIFICATE OF DEATH

State File No. **43151**

FILED DEC 22 1952

BIRTH NO. _____ REG. DIST. NO. **294** PRIMARY REG. DIST. NO. **3056** Registrar's No. **296**

1. PLACE OF DEATH a. COUNTY Randolph		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Boone	
b. CITY (If outside corporate limits, write RURAL and give township) Moberly		c. CITY (If outside corporate limits, write RURAL and give township) Centralia 0130	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) Hwy. 22 - City -	
d. FULL NAME OF HOSPITAL OR INSTITUTION M^c Cormick Hospital			

3. NAME OF DECEASED a. (First) Lula		b. (Middle) M.		c. (Last) Septon		4. DATE OF DEATH (Month) (Day) (Year) Dec 15 - 1952	
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married		8. DATE OF BIRTH (last birthday) Dec. 29, 1868	
9. AGE (In years) 83		IF UNDER 1 YEAR Months 11 Days 28		IF UNDER 24 HRS. Hours Min. 			
10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) Housekeeper				10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) Loosie Co. Missouri	
				12. CITIZEN OF WHAT COUNTRY? USA			

13a. FATHER'S NAME William Septon		13b. MOTHER'S MAIDEN NAME Angie Roberts		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. No		17. INFORMANT'S SIGNATURE OR NAME Don Septon ADDRESS Centralia, Mo.	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Coronary Thrombosis				Instant	
		ANTECEDENT CAUSES					
		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Fractured Left Hip DUE TO (c) Sensibility				Nov. 25 - 1952	
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 89030					

19a. DATE OF OPERATION 12-3-52		19b. MAJOR FINDINGS OF OPERATION Clayton External Fixation 129		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident home		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) home		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Moberly 17 Randolph Mo	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Nov. 25 1952		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? Fell over light cord.	

22. I hereby certify that I attended the deceased from **Nov. 28**, 1952, to **Dec 15**, 1952, that I last saw the deceased alive on **Dec 15**, 1952, and that death occurred at **8.05 P** m., from the causes and on the date stated above.

23a. SIGNATURE Louis J. Jolly DO. (Degree or title)		23b. ADDRESS Moberly, Mo		23c. DATE SIGNED 12/15/52	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 12/19/52		24c. NAME OF CEMETERY OR CREMATORY Centralia Cemetery	
				24d. LOCATION (City, town, or county) (State) Centralia, Mo	

DATE REC'D BY LOCAL REG. 12/16/1952		REGISTRAR'S SIGNATURE Paul R. Ballou		25. FUNERAL DIRECTOR'S SIGNATURE Paul R. Ballou ADDRESS Centralia, Mo	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

7411 1952

JAN 7 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 _____

working under my personal supervision.

Student
Student Embalmer

Student Embalmer No. _____

Signed

Paul J. Ballou

Licensed Embalmer No. *4206*

P. O. Address *Centralia, 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.