

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

2633

State File No.

ED JAN 13 1953

BIRTH NO. _____ REG. DIST. NO. 294 PRIMARY REG. DIST. NO. 3056 Registrar's No. 6

883

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

1. PLACE OF DEATH a. COUNTY <u>Randolph</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Randolph</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Moberly</u>		c. LENGTH OF STAY (In this place)	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Moberly</u> <u>883</u>		d. STREET ADDRESS (If rural, give location) <u>1116 Concannon</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1116 Concannon</u>			d. STREET ADDRESS (If rural, give location) <u>1116 Concannon</u>		
3. NAME OF DECEASED a. (First) <u>Mary</u> (Type or Print)			b. (Middle) <u>W</u>	c. (Last) <u>Conner</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>Jan 4-1953</u>		5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>May 27-1878</u>
9. AGE (In years last birthday) <u>74</u>	If UNDER 1 YEAR Months <u>7</u> Days <u>7</u>	If UNDER 24 HRS. Hours <u>7</u> Min.	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>At home</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>✓</u>
11. BIRTHPLACE (City and State or Foreign Country) <u>Mo</u>			12. CITIZEN OF WHAT COUNTRY? <u>Mo</u>		
13a. FATHER'S NAME <u>James M Galbreath</u>		13b. MOTHER'S MAIDEN NAME <u>Melissa Williams</u>		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) <u>No</u>	16. SOCIAL SECURITY NO. <u>✓</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>J.M Conner, Moberly Mo</u>			
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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocarditis</u> INTERVAL BETWEEN ONSET AND DEATH <u>Several months</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Stroke & Palsy</u>				
19a. DATE OF OPERATION <u>None</u>	19b. MAJOR FINDINGS OF OPERATION <u>4222</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>NO</u>	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 <u>Jan 4/53</u> , to <u>Jan 7, 1953</u> , that I last saw the deceased alive on <u>Jan 7/53</u> , and that death occurred at <u>7</u> A.m., from the cause and on the date stated above.					
23a. SIGNATURE <u>John E. Hoke</u>			23b. ADDRESS <u>Moberly Mo</u>		23c. DATE SIGNED <u>Jan 5/53</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>1-6-1953</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Oakland</u>	24d. LOCATION (City, town, or county) (State) <u>Moberly Mo</u>		
DATE REC'D BY LOCAL REG. <u>1-6-53</u>	REGISTRAR'S SIGNATURE <u>Lea Williams</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Mahan and Son</u>	ADDRESS <u>Moberly Mo</u>		

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. Witt

Licensed Embalmer No. 3021

P. O. Address Mobile, 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.