

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

7204

No. 300  
10.48

State File No. \_\_\_\_\_  
Registrar's No. \_\_\_\_\_

87409  
FILED MAR 9 - 1953

REG. DIST. NO. 294 PRIMARY REG. DIST. NO. 6010

880  
1

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

1. PLACE OF DEATH a. COUNTY <i>Randolph</i>		2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission) a. STATE <i>Missouri</i> b. COUNTY <i>Randolph</i>	
b. CITY (If outside corporate limits, write RURAL and give township) <i>Rural</i> c. LENGTH OF STAY (in this place) <i>2 months</i>		c. CITY (If outside corporate limits, write RURAL and give township) <i>Rural</i> <i>0880</i>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>RTG#3 Moberly</i>		d. STREET ADDRESS (If rural, give location) <i>RTG#3 Moberly</i>	
3. NAME OF DECEASED (Type or Print) <i>ROSALIE</i>		b. (Middle) _____ c. (Last) <i>AMES</i>	4. DATE OF DEATH (Month) (Day) (Year) <i>Feb 28-1953</i>
5. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>Never Married</i>	8. DATE OF BIRTH <i>Dec-29-1952</i>
9. AGE (To years last birthday) _____	10. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (City and State or Foreign Country) <i>Moberly Mo.</i>	12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>
13a. FATHER'S NAME <i>Johnnie Edward Ames</i>		13b. MOTHER'S MAIDEN NAME <i>Maggie Garritt</i>	14. NAME OF HUSBAND OR WIFE _____
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <i>No</i>		16. SOCIAL SECURITY NO. <i>None</i>	17. INFORMANT'S SIGNATURE OR NAME <i>Johnnie Ames Moberly Mo.</i> ADDRESS <i>Mo.</i>
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.		MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Lobar Pneumonia</i> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ 2. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <i>490X</i>	
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) (Min.)	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 <i>Feb 26, 1953</i> , to <i>Feb 28, 1953</i> , that I last saw the deceased alive on <i>Feb 27, 1953</i> , and that death occurred at <i>7:55 a.m.</i> , from the causes and on the date stated above.			
23a. SIGNATURE <i>w. H. McComish D.O.</i> (Degree or title)		23b. ADDRESS <i>300 1/2 Reed St. Moberly Mo.</i>	23c. DATE SIGNED <i>4-1-53</i>
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Funeral</i>	24b. DATE <i>Mar-1-1953</i>	24c. NAME OF CEMETERY OR CREMATORY <i>Roseland Cemetery</i>	24d. LOCATION (City, town, or county) (State) <i>Moberly Mo.</i>
DATE REC'D BY LOCAL REG. <i>3-1-53</i>	REGISTRAR'S SIGNATURE <i>Rosalie Ames</i>	25. FUNERAL DIRECTOR'S SIGNATURE <i>Snow Funeral Home Moberly Mo.</i> ADDRESS _____	

**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.....

Licensed Embalmer No.....

P. O. Address.....

*Not Embalmed*

**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.**