

THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

State File No. 7204

FILED MAR 9 - 1953

BIRTH NO.

REG. DIST. NO. 294

PRIMARY REG. DIST. NO. 6010

Registrar's No. 73

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) <u>Rural</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural</u>	
c. LENGTH OF STAY (in this place) <u>2 months</u>		d. STREET ADDRESS (If rural, give location) <u>R.F.D. #3 Moberly</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>PTG #3 Moberly</u>		e. STREET ADDRESS <u>R.F.D. #3 Moberly</u>	
3. NAME OF DECEASED (Type or Print) <u>ROSALIE</u>		f. (Last) <u>AMES</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>Feb 28 - 1953</u>		5. SEX <u>Female</u>	
6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u>	
8. DATE OF BIRTH <u>Dec - 29 - 1952</u>		9. AGE (To years last birthday) <u>2</u> If UNDER 1 YEAR: Months <u>2</u> Days <u>2</u> Hours <u>2</u> Mins. <u>2</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Infant</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>	
11. BIRTHPLACE (City and State or Foreign Country) <u>Moberly Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Johnnie Edward Ames</u>		13b. MOTHER'S MAIDEN NAME <u>Maggie Garritt</u>	
14. NAME OF HUSBAND OR WIFE <u>Johnnie Ames Moberly Mo.</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service) <u>None</u>	
16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Johnnie Ames Moberly Mo.</u> ADDRESS <u>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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION 19. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Lobar Pneumonia</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) _____ 20. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>490X</u>	
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 <u>Feb 26</u> , 1953, to <u>Feb 28</u> , 1953, that I last saw the deceased alive on <u>Feb 27</u> , 1953, and that death occurred at <u>7:45 A.M.</u> , from the causes and on the date stated above.	
23a. SIGNATURE <u>W. H. McComish D.O.</u> (Degree or title)		23b. ADDRESS <u>300 1/2 Reed St. Moberly Mo.</u>	
23c. DATE SIGNED <u>4-1-53</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
24b. DATE <u>Mar - 1 - 1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Roseland Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>Moberly Mo.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Snow Funeral Home Moberly Mo.</u> ADDRESS <u>Mo.</u>	
DATE REC'D BY LOCAL REG. <u>3-1-53</u>		REGISTRAR'S SIGNATURE <u>Rosalie Ames</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 _____

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.