No. 300
10.48

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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED JUN 8 1953

State File No. 17259

BIRTH NO. _____ REG. DIST. NO. 47 PRIMARY REG. DIST. NO. 3008 Registrar's No. 204

43
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1. PLACE OF DEATH
a. COUNTY: CALLOWAY MISSOURI
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): FULTON MISSOURI 2
c. LENGTH OF STAY (In this place): Y 42 Mo.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): STATE HOSPITAL NO 1.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI
b. COUNTY: PETTIS
c. CITY OR TOWN: SEDALIA
d. Is Residence within limits of a city or incorporated town? Yes ☑ No ☐
e. STREET ADDRESS (If rural, give location): 1307 South Kentucky St 0804

3. NAME OF DECEASED (Type or Print)
a. (First): CORRINNE
b. (Middle):
c. (Last): MOMBERG

4. DATE OF DEATH (Month) JUNE (Day) 4th (Year) 1953

5. SEX: FEMALE

6. COLOR OR RACE: WHITE

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): WIDOW 2

8. DATE OF BIRTH: APRIL 15 15- 1872

9. AGE (In years last birthday): 81
IF UNDER 1 YEAR: Months 1 Days 19 Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House sales women

10b. KIND OF BUSINESS OR INDUSTRY: sales women

11. BIRTHPLACE (City and State or Foreign Country): Ohio

12. CITIZEN OF WHAT COUNTRY?: U. S. A.

13a. FATHER'S NAME: MELTON W PEARSON

13b. MOTHER'S MAIDEN NAME: MARGARETTE HARTELL

14. NAME OF HUSBAND OR WIFE: Not given

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service): no

16. SOCIAL SECURITY NO.: none

17. INFORMANT'S SIGNATURE OR NAME: hospit l records
ADDRESS: FULTON 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Myo-carditis — INTERVAL BETWEEN ONSET AND DEATH: long standing

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.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION 4/222

20. AUTOPSY? YES ☐ NO ☐

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) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Jan- 10- 51 *19*____, *to* June- 4th- *19* 53, *that I last saw the deceased alive on* June- 4th-, *1953*, *and that death occurred at* 4:00P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Henry Hoeler M.D.

23b. ADDRESS: Fulton Mo

23c. DATE SIGNED: 6/4/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: June 6-1953

24c. NAME OF CEMETERY OR CREMATORY: Crown Hill

24d. LOCATION (City, town, or county): Sedalia (State): Mo

DATE REC'D BY LOCAL REG.: June 4, 1953

REGISTRAR'S SIGNATURE: Maretta Lawrence 426-

25. FUNERAL DIRECTOR'S SIGNATURE: O'Wallace Funeral Home

ADDRESS: Fulton Mo

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embal

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed William E. Trek

Licensed Embalmer No. 487

P. O. Address Fulton

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fail to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

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