No. 300
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FILED JUL 28 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 25943

BIRTH NO. _____ REG. DIST. NO. 294 PRIMARY REG. DIST. NO. 3056 Registrar's No. 194

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

1. PLACE OF DEATH
a. COUNTY Randolph
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Moberly
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) ~~[illegible]~~

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri b. COUNTY Randolph.
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) MOBERLY 0 883
d. STREET ADDRESS (If rural, give location) 523 Winchester St.

3. NAME OF DECEASED (Type or Print) a. (First) HALLIE b. (Middle) FRANCIS c. (Last) CURRY

4. DATE OF DEATH (Month) (Day) (Year) JULY 19th 1953

5. SEX FEMALE 3
6. COLOR OR RACE C
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow 2
8. DATE OF BIRTH SEPT 20th 1898
9. AGE (In years last birthday) 54 IF UNDER 1 YEAR Months 9 Days 29 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSE WIFE
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and State or Foreign Country) HUNTSVILLE MO 0
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME WESS JOHNSON
13b. MOTHER'S MAIDEN NAME LULA BIBS
14. NAME OF HUSBAND OR WIFE THOMAS ~~BIBS~~

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S SIGNATURE OR NAME 523 WINCHESTER St. ADDRESS

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) HYPOSTATIC PNEUMONIA — INTERVAL BETWEEN ONSET AND DEATH: THREE DAYS

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) GENERALIZED METASTATIC CARCINOMA — ONE YEAR
DUE TO (c) CARCINOMA OF THE CERVIX UTERI — FIFTEEN MONTHS

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death and related to the disease or condition causing death. UREMIA. CACHEXIA — ONE MONTH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION 171X
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* March 20, 1953, *to* July 19 1953, *that I last saw the deceased alive on* July 19, 1953, *and that death occurred at* 1:25 P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) Robert J. Fulton, D.O. 2
23b. ADDRESS 118 N. Fifth St. Moberly Mo
23c. DATE SIGNED 7/19/53

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 7-22-53
24c. NAME OF CEMETERY OR CREMATORY OAKLAND
24d. LOCATION (City, town, or county) MOBERLY (State) MO

DATE REC'D BY LOCAL REG. 7-22-53
REGISTRAR'S SIGNATURE Leale Dillmann [illegible] 267
25. FUNERAL DIRECTOR'S SIGNATURE Robert L. Carr ADDRESS 305 Bedford St

(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 embalmed by me, or by _____ Student Embalmer No. _____ working under my personal supervision.

Student _____
Student Embalmer.

Signed Robert L. Carr

Licensed Embalmer No. 3190

P. O. Address Moberly 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.