No. 300
10.48

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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 29649

FILED AUG 17 1953

BIRTH NO. _____ REG. DIST. NO. 294 PRIMARY REG. DIST. NO. 3056 Registrar's No. 211

1. PLACE OF DEATH
a. COUNTY: Randolph
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Moberly, Mo.
c. LENGTH OF STAY (In this place): 15 min.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Wabash Employes' Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Moberly
b. COUNTY: Randolph
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Moberly, Missouri 0883 0
d. STREET ADDRESS (If rural, give location): 408 Berty Moberly, Missouri

3. NAME OF DECEASED (Type or Print)
a. (First): Roy
b. (Middle): E.
c. (Last): Tory

4. DATE OF DEATH (Month) 8 (Day) 8 (Year) 53

5. SEX: M 0

6. COLOR OR RACE: W

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married /

8. DATE OF BIRTH: Oct. 18th, 1894

9. AGE (In years last birthday): 58
If under 1 year: Months 9 Days 20
If under 24 hrs.: Hours ___ Min. ___

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

10b. KIND OF BUSINESS OR INDUSTRY: R.R.

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

12. CITIZEN OF WHAT COUNTRY?

13a. FATHER'S NAME: Charles E. Tory

13b. MOTHER'S MAIDEN NAME: Cora A. Scrabraugh

14. NAME OF HUSBAND OR WIFE: Myrtle

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.: 703-01-1502

17. INFORMANT'S SIGNATURE OR NAME ADDRESS: Mrs. R.E. Tory, Moberly, 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) Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: 10 min

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Coronary disease — 7 yrs.

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: 4201

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* August 8 *19* 53 *to* Aug. 8, *19* 53, *that I last saw the deceased alive on* Aug. 8, *19* 53, *and that death occurred at* 1:30 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Dwight W. Anderson M.D.

23b. ADDRESS: Wabash Employes' Hosp.

23c. DATE SIGNED: 8/8/53

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

24b. DATE: 8-10th-53

24c. NAME OF CEMETERY OR CREMATORY: Sunset Mem. Gardens

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

DATE REC'D BY LOCAL REG.: 8-10-53

REGISTRAR'S SIGNATURE: Leah Williams

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: Mahan and Son, Moberly, Mo.

(Licensed Embalmer's Statement on Reverse Side)

MAY 7 1951

AUG 21 19

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. DeWitt

Licensed Embalmer No. 3021

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.