

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

40013

State File No. _____ Registrar's No. **285**

BIRTH NO. _____		REG. DIST. NO. 294		PRIMARY REG. DIST. NO. 305		REGISTRAR'S NO. 285	
1. PLACE OF DEATH a. COUNTY Randolph				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Randolph			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Moberly		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Moberly		0883 0	
d. FULL NAME OF HOSPITAL OR INSTITUTION 223 Bedford				d. STREET ADDRESS (If rural, give location) 223 Bedford			
3. NAME OF DECEASED (Type or Print) a. (First) Luther			b. (Middle) C		c. (Last) Trustee		4. DATE OF DEATH (Month) (Day) (Year) Nov 23 1953
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Jan 27 1884	9. AGE (In years last birthday) 69	10 UNDER 1 YEAR Month 9 Days 27	11 UNDER 1 Mts. Hours 0 Mts. 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY Monument Wks		11. BIRTHPLACE (City and State or Foreign Country) Mo		12. CITIZEN OF WHAT COUNTRY	
13a. FATHER'S NAME Benj Trustee			13b. MOTHER'S MAIDEN NAME Redata		14. NAME OF HUSBAND OR WIFE Susan		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 491-07-1825		17. INFORMANT'S SIGNATURE OR NAME Mrs H.C. Trustee, 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Myocardial Infarction					INTERVAL BETWEEN ONSET AND DEATH 6 hrs
		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				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)		4201	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		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 Dec 1953 , to Nov 23, 1953 , that I last saw the deceased alive on Nov 20, 1953 , and that death occurred at 9 A m. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) W. L. Camp, M.D.				23b. ADDRESS Moberly, Mo.		23c. DATE SIGNED Nov 23 1953	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 11-25-53		24c. NAME OF CEMETERY OR CREMATORY Oakland		24d. LOCATION (City, town, or county) (State) Moberly, Mo	
DATE REC'D BY LOCAL REG. 11-25-53		REGISTRAR'S SIGNATURE 269-20		25. FUNERAL DIRECTOR'S SIGNATURE Mahars and Sons, Moberly, Mo			

(Licensed Embalmer's Statement on Reverse Side)

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

10. 300
10. 48

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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.