No. 300
10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

2418

State File No. .....

BIRTH NO. FILED JAN 12 1954 REG. DIST. NO. 294 PRIMARY REG. DIST. NO. 3056 Registrar's No. 314

0

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) Woodland Hospital

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 0885 0
d. STREET ADDRESS (If rural, give location) 320 Halleck

3. NAME OF DECEASED (Type or Print) a. (First) Stella b. (Middle) c. (Last) White

4. DATE OF DEATH (Month) (Day) (Year) Jan. 5th 1954

5. SEX Female

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married

8. DATE OF BIRTH Dec 26th 1895

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

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

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and State or Foreign Country) 0 Mo

12. CITIZEN OF WHAT COUNTRY?

13a. FATHER'S NAME Hilbert Bradley

13b. MOTHER'S MAIDEN NAME Florence Buckler

14. NAME OF HUSBAND OR WIFE Ed

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

16. SOCIAL SECURITY NO.

17. INFORMANT'S SIGNATURE OR NAME Ed. White, Moberly, Mo 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) Nephrosis cause unknown with uremia — INTERVAL BETWEEN ONSET AND DEATH: 3 wks

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) arteriosclerosis generalized and unknown
DUE TO (c) arteriosclerotic heart disease — 3½ years

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* Myocardial Infarction — 3½ years ago

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION 4200

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* Aug 10, 1950, *to* Jan 5, 1954, *that I last saw the deceased alive on* Jan 5, 1954, *and that death occurred at* 12:30 *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) Clarence Clohs MD O

23b. ADDRESS Moberly, Mo.

23c. DATE SIGNED Jan 7 54

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

24b. DATE 1-7-1954

24c. NAME OF CEMETERY OR CREMATORY Oakland

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

DATE REC'D BY LOCAL REG. 1-7-54

REGISTRAR'S SIGNATURE Leah Williams Lowe 269

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

(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 Frank D. DeWitt

Licensed Embalmer No. 3021

P. O. Address Nobleby Me

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.