No. 300
10.48

FILED AUG 23 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 28626

BIRTH NO. _____ REG. DIST. NO. 294 PRIMARY REG. DIST. NO. 6060 Registrar's No. 196

1. PLACE OF DEATH
a. COUNTY: Randolph
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Moberly, Rural
c. LENGTH OF STAY (In this place): 6½ yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Sugar Creek Twp

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, Mo
d. STREET ADDRESS (If rural, give location): rural

3. NAME OF DECEASED (Type or Print): a. (First) Jhoda b. (Middle) Elizabeth c. (Last) Wilson

4. DATE OF DEATH (Month) 8 (Day) 5 (Year) 54

5. SEX: female

6. COLOR OR RACE: white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): widowed

8. DATE OF BIRTH: 1/6/1875

9. AGE (In years last birthday): 79 — If under 1 year: Months ___ Days ___ 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: at home

11. BIRTHPLACE (State or foreign country): Ky

12. CITIZEN OF WHAT COUNTRY?: U S A

13a. FATHER'S NAME: Joseph G Haves

13b. MOTHER'S MAIDEN NAME: Sarah E Johnston

14. NAME OF HUSBAND OR WIFE: ----- Wilson

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.: none

17. INFORMANT'S SIGNATURE OR NAME ADDRESS: Moberly, M

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: 24 hrs

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Cerebral hemorrhage — 4 day
DUE TO (c) Hypertensive heart disease — unknown

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* Mental unbalance — Unknown

19a. DATE OF OPERATION: ____

19b. MAJOR FINDINGS OF OPERATION: ____

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* July 30, 1954, *to* Aug 5, 1954, *that I last saw the deceased alive on* Aug. 4, 1954, *and that death occurred at* 12:05 P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Lucy S. Colly DO

23b. ADDRESS: Moberly, Mo

23c. DATE SIGNED: 8/7/54

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

24b. DATE: 8-7-54

24c. NAME OF CEMETERY OR CREMATORY: Hickory Grove

24d. LOCATION (City, town, or county) (State): Ash Monroe Co Mo

DATE REC'D BY LOCAL REG.: 8-7-54

REGISTRAR'S SIGNATURE: Sea Williams

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: Vernon A Kimpton, Vandom Mo

(Licensed Embalmer's Statement on Reverse Side)

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

SEP 8 - 1954

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.....

.....,

working under my personal supervision.

Student Embalmer No.....

Signed.....

Student Embalmer

Signed [illegible]

Licensed Embalmer No. 3282

P. O. Address [illegible]

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

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