

FILED DEC 30 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 42020

BIRTH NO. _____		REG. DIST. NO. <u>294</u>		PRIMARY REG. DIST. NO. <u>3057</u>		Registrar's No. <u>283</u>	
1. PLACE OF DEATH a. COUNTY <u>Randolph</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death) a. STATE <u>Missouri</u> b. COUNTY <u>RANDOLPH</u>			
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>Moberly</u>)		c. LENGTH OF STAY (In this place) <u>12 days</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>MOBERTY, MO. - 423 N. AULT ST.</u>		d. STREET ADDRESS (If rural, give location) <u>SHEPARD REST HOME</u> <u>415 Woodland Avenue</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Wabash Employes' Hospital</u>							
3. NAME OF DECEASED a. (First) <u>JAMES</u> b. (Middle) <u>EUGENE</u> c. (Last) <u>MICHAELS</u>			4. DATE OF DEATH Dec. 21, 1954				
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Divorced</u>		8. DATE OF BIRTH <u>Feb. 27, 1876</u>	
9. AGE (In years last birthday) <u>78</u>		10. MONTHS <u>9</u>		11. DAYS <u>13</u>		12. CITIZEN OF WHAT COUNTRY? <u>Mo.</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, or if retired) <u>During Laborer, retired</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Wabash Railroad Company</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Mo.</u>			
13a. FATHER'S NAME <u>Albert P. Michaels</u>		13b. MOTHER'S MAIDEN NAME <u>Lucy A. Newell</u>		14. NAME OF HUSBAND OR WIFE			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No.</u>		16. SOCIAL SECURITY NO. <u>703-01-2268</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Russell Michael</u> ADDRESS <u>Kansas City, Mo.</u>			
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.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pneumonia, hypostatic</u>				INTERVAL BETWEEN ONSET AND DEATH <u>2 days</u>	
		ANTECEDENT CAUSES DUE TO (b) <u>Cerebral Thrombosis</u> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				<u>12/9/54</u>	
		DUE TO (c) <u>Hypertrophy, Hypertension and Coronary Insufficiency</u> Conditions contributing to the death but not related to the disease or condition causing death.				<u>? Years</u>	
19a. DATE OF OPERATION <u>None</u>		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>No</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>332 X</u>			
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 <u>Dec. 9</u> , 19 <u>54</u> , to <u>Dec. 21</u> , 19 <u>54</u> , that I last saw the deceased alive on <u>Dec. 21</u> , 19 <u>54</u> , and that death occurred at <u>2:17 p.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Inscribed on file) <u>Russell Michael</u>				23b. ADDRESS <u>415 Woodland, Moberly, Mo.</u>		23c. DATE SIGNED <u>12/21/54</u>	
24a. BURIAL, CREMATION, OR REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>12-23-54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Civil Bend Christian</u>		24d. LOCATION (City, town, or county) (State) <u>Daviess Co. Mo.</u>	
DATE REC'D BY LOCAL REG. <u>12/23/54</u>		REGISTRAR'S SIGNATURE <u>Seacroft</u> <u>269</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Mahan and Son, Moberly, Mo.</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

OCT 18 1956

JAN 7 1957

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 S Dr Witt

Licensed Embalmer No. 3021

P. O. Address Mobile, 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.