

FILED MAR 18 1955

STANDARD CERTIFICATE OF DEATH

State File No. 9187

BIRTH NO. _____ REG. DIST. NO. 294 PRIMARY REG. DIST. NO. 5056 Registrar's No. 57

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 town) Moberly		c. LENGTH OF STAY (in this place)	c. CITY OR TOWN Moberly
d. FULL NAME OF HOSPITAL OR INSTITUTION 525 So. Williams		STREET ADDRESS (If rural, give location) 525 So. Williams	

3. NAME OF DECEASED (Type or Print) a. (First) Isabel	b. (Middle)	c. (Last) Wallen	4. DATE OF DEATH (Month) (Day) (Year) Mar 4th 1955
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow 2	8. DATE OF BIRTH June 15th 1881	9. AGE (In years last birthday) 73	IF UNDER 1 YEAR Months 8	IF UNDER 1 HRS. Hours 19	IF UNDER 15 MIN. 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 <input checked="" type="checkbox"/>	11. BIRTHPLACE (City and State or Foreign Country) Mo		12. CITIZEN OF WHAT COUNTRY?		

13a. FATHER'S NAME George Gruenwald	13b. MOTHER'S MAIDEN NAME Un Known	14. NAME OF HUSBAND OR WIFE
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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. <input checked="" type="checkbox"/>	17. INFORMANT'S SIGNATURE OR NAME Mrs. H.B. Guthrie, Moberly, Mo	ADDRESS
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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		INTERVAL BETWEEN ONSET AND DEATH 1 mo.
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage		
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertensive Cardiovascular DUE TO (c) Heart Disease		
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"/>
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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)	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 **Mar 4** to **Mar 4**, 19**55**, that I last saw the deceased alive on **Mar 4**, 19**55**, and that death occurred at **4:45 P.m.**, from the causes and on the date stated above.

23a. SIGNATURE Isabel Wallen (Degree or title)	23b. ADDRESS Moberly, Mo	23c. DATE SIGNED 3-7-55
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 3-6-55	24c. NAME OF CEMETERY OR CREMATORY Oakland	24d. LOCATION (City, town, or county) (State) Moberly, Mo.
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DATE REC'D BY LOCAL REG. 3-6-55	REGISTRAR'S SIGNATURE Isabel Wallen 2890	25. FUNERAL DIRECTOR'S SIGNATURE Mahaw and Son, Moberly, Mo	ADDRESS
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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
Signature of Student Embalmer

Signed *Frank D. G. Watt*

Licensed Embalmer No. *3021*

P. O. Address *Mobile, Miss.*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.