

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 27306

FILED AUG 16 1955

BIRTH NO. _____ REG. DIST. NO. 295 PRIMARY REG. DIST. NO. 4449 Registrar's No. 141

1. PLACE OF DEATH a. COUNTY Randolph		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MOBERLY b. COUNTY Randolph	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Huntsville		c. CITY OR TOWN Moberly	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION Winkler Rest Home		e. STREET ADDRESS (If rural, give location) 113 So 6th St	

3. NAME OF DECEASED (Type or Print) Bell	a. (First)	b. (Middle)	c. (Last) Roberts	4. DATE OF DEATH (Month) (Day) (Year) Aug 8th 1955
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow	8. DATE OF BIRTH Oct 7th 1870	9. AGE (In years last birthday) 84	IF UNDER 1 YEAR Months 10	IF UNDER 12 HRS. Days 1	Hour 1	Min. 1
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) Mo		12. CITIZEN OF WHAT COUNTRY?		

13a. FATHER'S NAME Joseph Buykholder	13b. MOTHER'S MAIDEN NAME Susan Davis	14. NAME OF HUSBAND OR WIFE
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. <input checked="" type="checkbox"/>	17. INFORMANT'S SIGNATURE OR NAME Mrs. C. Moore, Moberly, Mo	ADDRESS Mo
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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 9 days years
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral thrombosis		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arterio sclerosis DUE TO (c) Senility		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		332X	

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)
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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?
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22. I hereby certify that I attended the deceased from **Jan 1952**, to **Aug 8, 1955**, that I last saw the deceased alive on **Aug 8, 1955**, and that death occurred at **7:10 p.m.**, from **th** causes and on the date stated above.

23a. SIGNATURE Morris C. Gilyard	(Doctor or title)	23b. ADDRESS Huntsville Mo	23c. DATE SIGNED 8-10-55
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 8-10-55	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. 8-11-1955	REGISTRAR'S SIGNATURE Mary H. Bentley	25. FUNERAL DIRECTOR'S SIGNATURE Mahar and Son	ADDRESS Moberly Mo
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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. D. Witt*.....

Licensed Embalmer No. *307*.....

P. O. Address *Mober*.....

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F
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.**