

30456

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED SEP 19 1955

BIRTH NO. REG. DIST. NO. 294 PRIMARY REG. DIST. NO. 3056 Registrar's No. 224

1. PLACE OF DEATH a. COUNTY <u>Randolph</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Randolph</u>	
b. CITY (If outside corporate limits, write RURAL and give town or town) <u>Moberly</u>		c. CITY OR TOWN <u>Moberly</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place)		e. STREET ADDRESS (If rural, give location) <u>615 So 6th St. 0883</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>615 So 5th</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Rilla</u> b. (Middle) <u>C</u> c. (Last) <u>Pixlee</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Sep. 7th 1955</u>		
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOW</u>	
8. DATE OF BIRTH <u>June 16-1877</u>		9. AGE (In years last birthday) <u>78</u>		10. UNDER 1 YEAR Days <u>2</u> Hours <u>21</u> If UNDER 24 HRS. Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>At home</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <u>Pa</u>	
12. CITIZEN OF WHAT COUNTRY?		13a. FATHER'S NAME <u>No data</u>		13b. MOTHER'S MAIDEN NAME <u>No data</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. <input checked="" type="checkbox"/>	
17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Austin Pierce Moberly, Mo</u>		18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <u>Acute Coronary Occlusion.</u>		19. ADDRESS <u>Moberly, Mo</u>	

13a. FATHER'S NAME <u>No data</u>		13b. MOTHER'S MAIDEN NAME <u>No data</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. <input checked="" type="checkbox"/>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Austin Pierce Moberly, Mo</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <u>Acute Coronary Occlusion.</u>		19. ADDRESS <u>Moberly, Mo</u>		20. INTERVAL BETWEEN ONSET AND DEATH <u>Sudden</u>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <u>Acute Coronary Occlusion.</u>		MEDICAL CERTIFICATION		20. INTERVAL BETWEEN ONSET AND DEATH <u>Sudden</u>	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Coronary Occlusion.</u>		DUPLICATE TO (b) <u>Coronary Sclerosis</u>		DUPLICATE TO (c)	
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		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 <u>No</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input 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>4201</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>No</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>No</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input 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>4201</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>No</u>		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 Feb 28, 1953, to Sept 7th, 1953, that I last saw the deceased alive on June 14th 1955 and that death occurred at 10:15 P.M., from the causes and on the date stated above.

23a. SIGNATURE <u>Thos. B. Fleming</u> (Degree or title) <u>MD</u>		23b. ADDRESS <u>Moberly, Mo</u>		23c. DATE SIGNED <u>Sept 8th</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>9-9-55</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Liberty, Mo</u>	
24d. LOCATION (City, town, or county) (State) <u>Mo</u>		DATE REC'D BY LOCAL REG. <u>9-9-55</u>		REGISTRAR'S SIGNATURE <u>Leah W. Lowe</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Mahon and Son</u>		ADDRESS <u>Moberly, Mo</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

SEP 22 1955

9561 T T 1000

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 J. DeWitt*.....

Licensed Embalmer No. *30*.....

P. O. Address *Moberly*.....

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