

FILED NOV 28 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

37708

State File No. _____

BIRTH NO. _____		REG. DIST. NO. <u>274</u>		PRIMARY REG. DIST. NO. <u>3052</u>		Registrar's No. <u>6</u>	
1. PLACE OF DEATH a. COUNTY Pettis				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Pettis			
b. CITY (If outside corporate limits, write RURAL and give township) Sedalia		c. LENGTH OF STAY (in this place) 5 days		c. CITY OR TOWN Sedalia		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION Bothwell hospital				STREET ADDRESS (If rural, give location) 910 East Third St. 0804			
3. NAME OF DECEASED (Type or Print) ALICE		a. (First)		b. (Middle) BELLE		c. (Last) MOBERLY	
4. DATE OF DEATH (Month) (Day) (Year) Nov. 21, 1955		5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
8. DATE OF BIRTH May 6, 1873		9. AGE (In years last birthday) 82		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) housewife		10b. KIND OF BUSINESS OR INDUSTRY Home-making		11. BIRTHPLACE (City and State or Foreign Country) Morgan County, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME William H Garrison		13b. MOTHER'S MAIDEN NAME Elizabeth C. Farmer		14. NAME OF HUSBAND OR WIFE James David Moberly			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Year or unknown) No		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME James David Moberly ADDRESS 910 East Third Sedalia, Mo.			
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) MYO CARDITIS ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) SENILITY - MALNUTRITION DUE TO (c) CARD - ARTERIO SCLEROSIS. II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 4221				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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) (Min.)		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 17 NOV, 1955 , to 21 NOV, 1955 , that I last saw the deceased alive on 19 NOV, 1955 , and that death occurred at 10:00 A.M. , from the causes and on the date stated above.							
23a. SIGNATURE Karl B. Gower MD (Degree or title)				23b. ADDRESS Sedalia MO		23c. DATE SIGNED 21 NOV 55	
24a. BURIAL, CREMATION, RENOVATION (Specify) Burial		24b. DATE 11/23/55		24c. NAME OF CEMETERY OR CREMATORY Glenstead Cemetery		24d. LOCATION (City, town, or county) (State) Rural Morgan County, Mo.	
DATE REC'D BY LOCAL REG. 11-22-55		REGISTRAR'S SIGNATURE Louise Cooney, Deputy		25. FUNERAL DIRECTOR'S SIGNATURE Wm. G. Goring		ADDRESS Sedalia, Mo.	

(Licensed Embalmer's Statement on Reverse Side)

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. 5
working under my personal supervision..

Student Donald R. Bellmer
Signature of Student Embalmer

Signed P. E. Baker

Licensed Embalmer No. 24

P. O. Address Sedalia

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.