

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

41650

FILED DEC 29 1955

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 294 PRIMARY REG. DIST. NO. 2056 Registrar's No. 322

|  |  |  |   |  |  |  |   |
|--|--|--|---|--|--|--|---|
| 1. PLACE OF DEATH<br>a. COUNTY <u>Randolph</u>   |  |  |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <u>Missouri</u> b. COUNTY <u>Randolph</u> |  |  |   |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Moberly</u>  |  | c. LENGTH OF STAY (in this place)  |   | c. CITY OR TOWN <u>Moberly</u>   |  | d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> <u>3</u> |   |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>544 1/2 W. Coates</u>   |  |  |   | STREET ADDRESS (If rural, give location) <u>544 1/2 W. Coates</u>  |  |  |   |
| 3. NAME OF DECEASED<br>(Type or Print)<br>a. (First) <u>Julia</u><br>b. (Middle) _____<br>c. (Last) <u>Henry</u>   |  |  | 4. DATE OF DEATH (Month) (Day) (Year)<br><u>Dec 15-1955</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>Sep 5-1875</u>                          |  | 9. AGE (In years last birthday) <u>80</u>                        | IF UNDER 1 YEAR Months <u>3</u> Days <u>10</u>   | IF UNDER 24 HRS. Hours _____ 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>Mo</u>   |  | 12. CITIZEN OF WHAT COUNTRY? _____   |   |
| 13a. FATHER'S NAME <u>August Austin</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) <u>No</u> (If yes, give war or dates of service)   |  | 16. SOCIAL SECURITY NO. <input checked="" type="checkbox"/>  |   | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS<br><u>Tolbert Henry, Moberly, Mo</u>   |  |  |   |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*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<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>myocarditis</u>   |  |   |  |  | INTERVAL BETWEEN ONSET AND DEATH   |   |
|  | ANTECEDENT CAUSES<br>Morbid conditions, if any, giving DUE TO (b) _____ rise to the above cause (a) stating the underlying cause last.<br><br>DUE TO (c) _____ |  |   |  |  |  |   |
|  | II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death. <u>4222</u>                |  |   |  |  |  |   |
| 19a. DATE OF OPERATION   |  | 19b. MAJOR FINDINGS OF OPERATION   |   |  |  | 20. AUTOPSY?<br>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) _____  |  | 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>8-18-54</u> , 19____, to <u>12-15</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>12-9</u> , 19 <u>55</u> and that death occurred at <u>9: A</u> m., from the causes and on the date stated above. |  |  |   |  |  |  |   |
| 23a. SIGNATURE (Degree or title) <u>E. T. Whitaker D.O.</u>  |  |  |   | 23b. ADDRESS <u>Moberly, Mo</u>  |  | 23c. DATE SIGNED <u>12-16-55</u>   |   |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>  |  | 24b. DATE <u>Dec 17-1955</u>   | 24c. NAME OF CEMETERY OR CREMATORY <u>Oakland</u>           |  | 24d. LOCATION (City, town, or county) (State) <u>Moberly, Mo</u> |  |   |
| DATE REC'D BY LOCAL REG. <u>12-17-55</u>   |  | REGISTRAR'S SIGNATURE <u>Leah W. Soue</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

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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 S. S. Witt*

Licensed Embalmer No. *30*

P. O. Address..... *Hub.*

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.