

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

5922

State File No. _____

Registrar's No. _____

BIRTH NO. <u>90048-55</u>		REG. DIST. NO. <u>294</u>		PRIMARY REG. DIST. NO. <u>3086</u>		State File No. <u>5922</u>		Registrar's No. <u>47</u>			
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 township) OR TOWN <u>Moberly</u>				c. LENGTH OF STAY (In this place) <u>40 days</u>		c. CITY OR TOWN <u>Moberly</u>		d. Is Residence within limits of a city or incorporated town? Yes ☒ No ☐			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>224 Bedford Street</u>				e. STREET ADDRESS (If rural, give location) <u>224 Bedford Street</u> <u>0885</u>							
3. NAME OF DECEASED (Type or Print) a. (First) <u>KAYLA</u>				b. (Middle) <u>ANN</u>		c. (Last) <u>ALDERSON</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>February 10, 1956</u>			
5. SEX <u>Female</u>		6. COLOR OR RACE <u>Negro</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never married</u>		8. DATE OF BIRTH <u>December 29, 1955</u>		9. AGE (In years last birthday) <u>1</u> <u>12</u> <u>Hours</u> <u>Min.</u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Infant</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>none</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Moberly, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			
13a. FATHER'S NAME				13b. MOTHER'S MAIDEN NAME <u>Patricia Ruth Alderson</u>		14. NAME OF HUSBAND OR WIFE <u>none</u>					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>				16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Patricia Ruth Alderson, 224 Bedford Street, Moberly, Missouri</u>					
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Natural causes, undetermined</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>						INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION				19b. MAJOR FINDINGS OF OPERATION <u>7954</u>				20. AUTOPSY? YES ☐ NO ☒			
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 ☐ NOT WHILE AT WORK ☐		21f. HOW DID INJURY OCCUR?							
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>12:30 P.M.</u> , from the causes and on the date stated above.											
23a. SIGNATURE <u>Doris S. Jolly D.O. Coronator</u>				23b. ADDRESS <u>203 1/2 N. Clark, Moberly, Mo</u>				23c. DATE SIGNED <u>2/11/56</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Buried</u>		24b. DATE <u>2-10-56</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>2-10-56</u>		REGISTRAR'S SIGNATURE <u>Calvin Lowe</u> <u>269</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>G. P. Carr</u> <u>417 N. 3rd St</u>		ADDRESS					

(Licensed Embalmer's Statement on Reverse Side) Moberly Mo

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 Robert L. Carr

Licensed Embalmer No. 3190

P. O. Address

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.