

FILED MAR 5 1958

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

5930

State File No.

BIRTH NO.		REG. DIST. NO. <u>294</u>		PRIMARY REG. DIST. NO. <u>3056</u>		Registrar's No. <u>60</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)		c. CITY OR TOWN <u>Rural</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Woodland Hospital</u>				e. STREET ADDRESS (If rural, give location) <u>Sugar Creek Twp</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>Minnie</u>			b. (Middle)		c. (Last) <u>Headrick</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Feb 21-1958</u>		
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>May 13-1882</u>		9. AGE (In years last birthday) <u>73</u> IF UNDER 1 YEAR Months <u>9</u> Days <u>8</u> IF UNDER 12 HRS. Hours <u></u> Min. <u></u>	
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>Ill</u>		12. CITIZEN OF WHAT COUNTRY	
13a. FATHER'S NAME <u>Jackson Wright</u>			13b. MOTHER'S MAIDEN NAME <u>no data</u>			14. NAME OF HUSBAND OR WIFE <u>James R</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) <u>No</u>			16. SOCIAL SECURITY NO. <input checked="" type="checkbox"/>		17. INFORMANT'S SIGNATURE OR NAME <u>James R Headrick, R.F.D. Moberly, Mo</u> ADDRESS				
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of the Hepatic ducts</u>		ANTECEDENT CAUSES DUE TO (b) _____						_____	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) _____						_____	
II. OTHER SIGNIFICANT CONDITIONS		Conditions contributing to the death but not related to the disease or condition causing death. <u>155X</u>						_____	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>Examination performed on Feb 20 revealed the above</u>						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 <u>Feb 20, 1958</u> , to <u>Feb 21, 1958</u> , that I last saw the deceased alive on <u>Feb 21, 1958</u> , and that death occurred at <u>10:20 PM.</u> , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <u>Willie L. Mahan</u>				23b. ADDRESS <u>Moberly, Mo</u>			23c. DATE SIGNED <u>Feb 23 58</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>2-23-1958</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>2-23-58</u>		REGISTRAR'S SIGNATURE <u>Leah Whouse</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Mahan and Son, Moberly, Mo</u>		ADDRESS			

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

MAR 8 1956

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. Dr. Witt*

Licensed Embalmer No... 302

P. O. Address... *Moberly*

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.