

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

5847

STATE FILE NUMBER

FILED MAR 13 1957

Registration District No. 294 Primary Registration District No. 3056 Registrar's No. 52

1. PLACE OF DEATH a. COUNTY Randolph				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Randolph									
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Moberly			Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN Moberly ⁰⁸⁸³		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>						
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Woodland Hosp				Length of stay in 1b		d. STREET ADDRESS (If outside, give location) 609 Adams Ave		Reside on Form Yes <input type="checkbox"/> No <input type="checkbox"/>					
3. NAME OF DECEASED (Type or print) First Anna Middle A Last McLellan				4. DATE OF DEATH Mar 4 - 1957 Month Mar Day 4 Year 1957									
5. SEX Female		6. COLOR OR RACE White		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH Apr. 26 - 1898		9. AGE (In years last birthday) 78		IF UNDER 1 YEAR Months Days Hours Min.		IF UNDER 24 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At home				10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) Mo		12. CITIZEN OF WHAT COUNTRY?					
13. FATHER'S NAME Lee B. Hannah						14. MOTHER'S MAIDEN NAME							
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No				16. SOCIAL SECURITY NO. <input checked="" type="checkbox"/>		17. INFORMANT 443X Address							
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral Hemorrhage										INTERVAL BETWEEN ONSET AND DEATH 2 wks			
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Hypertensive Cardiovascular Dis										3 yrs			
DUE TO (c)													
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)										19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)										
20c. TIME OF INJURY Hour a. m. p. m.													
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)			20f. CITY, TOWN, OR LOCATION			COUNTY		STATE		
21. I attended the deceased from 1954 to 1957 and last saw her ^{him} alive on Mar 3/1957 Death occurred at 4 AM on the date stated above; and to the best of my knowledge, from the causes stated.													
22a. SIGNATURE Robert Moberly (Degree or title)						22b. ADDRESS Moberly Mo			22c. DATE SIGNED Mar 5/57				
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 3-6-1957		23c. NAME OF CEMETERY OR CREMATORY Oakland			23d. LOCATION (City, town, or county) Moberly, Mo			(State)			
24. FUNERAL DIRECTOR Mahon and Son, Moberly, Mo				ADDRESS		25. DATE RECD. BY LOCAL REG. 3-6-57		26. REGISTRAR'S SIGNATURE Leah Lawrence					

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Health, welfare, public service, 00-56, diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

MAR 14 1957

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 *Raymond H. Stevens*
Licensed Embalmer No. *4*

P. O. Address *Mabley*

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