FILED MAR 13 1957

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

5848

STATE FILE NUMBER

Registration District No. 294 Primary Registration District No. 3056 Registrar's No. 53

1. PLACE OF DEATH

a. COUNTY Randolph

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Moberly — Inside Limits Yes ☐ No ☐

c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Woodland Hosp. — Length of stay in 1b

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Missouri b. COUNTY Randolph

c. CITY OR TOWN Moberly 0883 — Inside Limits Yes ☐ No ☐

d. STREET ADDRESS (If outside, give location) 423 Sparks — Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print) First: Cora Middle: Agnes Last: Meck

4. DATE OF DEATH Month: Mch Day: 6 Year: 1957

5. SEX Female **6. COLOR OR RACE** White **7. MARRIED** ☑ **NEVER MARRIED** ☐ **WIDOWED** ☐ **DIVORCED** ☐

8. DATE OF BIRTH Aug. 22. 1889 **9. AGE** (In years last birthday) 77 — 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) 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 James T. McNear

14. MOTHER'S MAIDEN NAME Mary Jane Jarman

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT John M. Meck — Address: Moberly Mo

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Arteriosclerotic heart disease — INTERVAL BETWEEN ONSET AND DEATH: 1 year

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) ____ DUE TO (c) ____

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a): Rheumatoid Arthritis - 30 years 4200

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐ **SUICIDE** ☐ **HOMICIDE** ☐

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. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

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 Feb 28 1957 to Mar 6 1957 and last saw her/him alive on March 6, 1957. Death occurred at 12:30 P m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Clement Collins MD

22b. ADDRESS Moberly Mo

22c. DATE SIGNED Mar 6, 1957

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial **23b. DATE** 3-8-57 **23c. NAME OF CEMETERY OR CREMATORY** St. Mary's **23d. LOCATION** (City, town, or county) (State) Moberly, Mo

24. FUNERAL DIRECTOR Mahan and Son **ADDRESS** Moberly Mo **25. DATE RECD. BY LOCAL REG.** 3-8-57 **26. REGISTRAR'S SIGNATURE** Leah W Lowe

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was en

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....

Licensed Embalmer No.....

P. O. Address .....

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.