

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED MAY 6 - 1957

14282

STATE FILE NUMBER

Registration District No. 294 Primary Registration District No. 3056 Registrar's No. 97

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, give TOWNSHIP only) OR TOWN <u>Moberly</u>		c. CITY OR TOWN <u>Moberly</u> 0883 Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Woodland Hosp.</u>		d. STREET ADDRESS (If outside, give location) <u>133 Thompson</u>	
Length of stay in lb <u>5 yrs.</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <u>ANNIE</u> Middle <u>ELIZABETH</u> Last <u>ALDEN</u>			
5. SEX <u>Female</u>		6. COLOR OR RACE <u>white</u>	
7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <u>Aug. 6 - 1880</u>	
9. AGE (In years, last birthday) <u>76 yrs</u>		10. IF UNDER 1 YEAR Months <u>0</u> Days <u>0</u> Hours <u>0</u> Min. <u>0</u>	
11. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>at home</u>		12. KIND OF BUSINESS OR INDUSTRY <u>-</u>	
13. BIRTH PLACE (City and state or country) <u>Springfield, Ill.</u>		14. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
15. FATHER'S NAME <u>Christopher Wolf</u>		16. MOTHER'S MAIDEN NAME <u>unknown</u>	
17. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		18. SOCIAL SECURITY NO. <u>-</u>	
19. INFORMANT <u>ms. Elizabeth Leathers</u>		Address <u>133 Thompson Moberly Mo</u>	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Coronary occlusion with infarction</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>-</u> DUE TO (c) <u>-</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) <u>4201</u>			
INTERVAL BETWEEN ONSET AND DEATH <u>a wk.</u>			
20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input checked="" 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 <u>-</u> Month, Day, Year <u>-</u> a. m. <u>-</u> p. m. <u>-</u>		20d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) <u>-</u>	
20e. CITY, TOWN, OR LOCATION <u>Moberly Mo.</u>		20f. COUNTY <u>Moberly Mo.</u>	
20g. STATE <u>Moberly Mo.</u>		20h. DATE SIGNED <u>4/24/57</u>	
21. I attended the deceased from <u>april 2/57</u> to <u>april 22/57</u> and last saw her alive on <u>april 22/57</u> Death occurred at <u>6:50 p.m.</u> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>A. R. E. Hube, M.D.</u>		22b. ADDRESS <u>Moberly Mo.</u>	
22c. DATE SIGNED <u>4/24/57</u>		22d. SIGNATURE <u>Leathers</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>4-24-57</u>	
23c. NAME OF CEMETERY OR CREMATORY <u>Oakland</u>		23d. LOCATION (City, town, or county) <u>Moberly Mo.</u>	
24. FUNERAL DIRECTOR <u>Mahan and Son, Moberly Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>4-24-57</u>	
26. REGISTRAR'S SIGNATURE <u>Leathers</u>		26. REGISTRAR'S SIGNATURE <u>Leathers</u>	

(Licensed Embalmer's Statement on Reverse Side)

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. D. W. H.

Licensed Embalmer No. 302

P. O. Address Mooreville, Pa.

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.