THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

25776
STATE FILE NUMBER

FILED AUG 15 1957

Registration District No. 294 Primary Registration District No. 3056 Registrar's No. 189

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 Community Hosp. — Length of stay in Hospital 2 Days

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Randolph
c. CITY OR TOWN Moberly — Inside Limits Yes ☐ No ☑
d. STREET ADDRESS RFD #2 (If outside, give location) — Reside on Farm Yes ☑ No ☐

3. NAME OF DECEASED (Type or print) First DORIS Middle MARIAN Last TRUSTY
4. DATE OF DEATH Month Aug. Day 3 Year 1957
5. SEX Female
6. COLOR OR RACE White
7. MARRIED ☑ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH March-12-1928
9. AGE (In years last birthday) 29 — 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) Housewife
10b. KIND OF BUSINESS OR INDUSTRY —
11. BIRTHPLACE (City and state or country) Moberly Mo.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Marion Ursel Holman
14. MOTHER'S MAIDEN NAME Alberta Young
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Billy Trusty 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) Acute Circulatory Failure — Interval Between Onset and Death: Instant
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Pulmonary Congestion — 10 Minutes
DUE TO (c) Rheumatic Heart disease — 20 yrs
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)
Pregnancy Comp: Pelvic-Cephalic dispation.
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.) 416XE
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 12-2-56 to 8-3-57 and last saw her alive on 8-3-57
Death occurred at 8 30 A m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE H. C. Kelley (Degree or title) DO
22b. ADDRESS Moberly Mo
22c. DATE SIGNED 8-5-57

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE Aug-5-1957
23c. NAME OF CEMETERY OR CREMATORY O
23d. LOCATION (City, town, or county) (State) Moberly Mo.
24. FUNERAL DIRECTOR Cater Funeral Home ADDRESS Moberly Mo.
25. DATE RECD. BY LOCAL REG. 8-3-57
26. REGISTRAR'S SIGNATURE Leslie 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 em

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

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed R. M. Cater

Licensed Embalmer No. 41

P. O. Address Moberly

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.

(Licensed Embalmer's Signature on Reverse Side)