

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

33031

STATE FILE NUMBER

FILED OCT 9 1957

Registration District No. 294 Primary Registration District No. 3056 Registrar's No. 234

1. PLACE OF DEATH a. COUNTY <b>RANDOLPH</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY <b>RANDOLPH</b>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>MOBERLY</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <b>MOBERLY</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>457 E. BURKHART</b>			Length of stay in 1b <b>LIFE</b>	d. STREET ADDRESS <b>457 E. BURKHART</b>			Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <b>THERESA</b> Middle <b>GENEVIEVE</b> Last <b>LINGO</b>				4. DATE OF DEATH Month <b>SEPT.</b> Day <b>30</b> Year <b>1957</b>			
5. SEX <b>FEMALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <b>3-7-1900</b>		9. AGE (In years last birthday) <b>57</b>	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY ---		11. BIRTHPLACE (City and state or country) <b>MOBERLY, MO.</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13. FATHER'S NAME <b>WM. SEIBERT</b>				14. MOTHER'S MAIDEN NAME <b>LILLIE ALBERS</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b>		16. SOCIAL SECURITY NO. ---		17. INFORMANT <b>M. H. LINGO</b>		Address <b>MOBERLY</b>	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Medullary Failure</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <b>Barbiturate poisoning</b> DUE TO (c) <b>9708</b>						INTERVAL BETWEEN ONSET AND DEATH ---	
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 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.) <b>Took overdose Twentyl - Found by husband</b>				
20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m. <b>about 10:30 AM</b>		20d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) <b>HOME</b>		20f. CITY, TOWN, OR LOCATION <b>MOBERLY</b>		COUNTY <b>RANDOLPH</b>	STATE <b>MISSOURI</b>
21. I attended the deceased from _____ to _____ and last saw her alive on _____ Death occurred at <b>about 5:00 P</b> m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <b>Bessie S. Jollyard Coroner</b>				22b. ADDRESS <b>203 1/2 N. Clark St. Moberly</b>		22c. DATE SIGNED <b>10-1-57</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		23b. DATE <b>10-2-1957</b>	23c. NAME OF CEMETERY OR CREMATORY <b>HUNTSVILLE</b>		23d. LOCATION (City, town, or county) (State) <b>HUNTSVILLE, MO.</b>		
24. FUNERAL DIRECTOR ADDRESS <b>MAKAN FUN'L SERVICE - MOBERLY</b>				25. DATE RECD. BY LOCAL REG. <b>10/2/57</b>		26. REGISTRAR'S SIGNATURE <b>Reaherlowe</b>	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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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

MS AUG 12 1960

Signed *John A. Green*

Licensed Embalmer No. 381

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.