

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

36985

STATE FILE NUMBER

FILED OCT 25 1957

Registration District No. 294 Primary Registration District No. 3056 Registrar's No. 204

Health,  
& Welfare  
Public  
Service

300  
1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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>		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 <b>PURDOM NSG HOME</b>				Length of stay in 1b <b>65 yrs</b>		d. STREET ADDRESS (If outside, give location) <b>605 Adams Ave.</b>	
3. NAME OF DECEASED (Type or print) <b>BELLE</b>		First <b>Guinn St.</b> Middle <b>—</b> Last <b>RIGG</b>		4. DATE OF DEATH <b>OCT. 16, 1957</b>		Month <b>OCT.</b> Day <b>16,</b> Year <b>1957</b>	
5. SEX <b>FEMALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>2-14-1882</b>	9. AGE (In years last birthday) <b>75</b>	IF UNDER 1 YEAR Months <b>7</b> Days <b>5</b>	IF UNDER 24 HRS. Hours <b>—</b> Min. <b>—</b>	
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 <b>—</b>		11. BIRTHPLACE (City and state or country) <b>FAYETTE, Mo.</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13. FATHER'S NAME <b>A. C. CORNELIUS</b>				14. MOTHER'S MAIDEN NAME <b>MARY WAYLAND.</b>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>		16. SOCIAL SECURITY NO. <b>—</b>		17. INFORMANT Address <b>ELMER WAYLAND - COLUMBIA, Mo.</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>Carcinoma of Liver?</b>						INTERVAL BETWEEN ONSET AND DEATH <b>months</b>	
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) <b>myocarditis</b>						19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
20a. ACCIDENT <input checked="" 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 <b>9:20</b> Month <b>—</b> Day <b>—</b> Year <b>—</b> a. m. <b>—</b> p. m. <b>—</b>							
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 <b>Sept. 3/57</b> to <b>Oct. 16/57</b> and last saw her <b>her</b> alive on <b>Oct. 16/57</b> . Death occurred at <b>9:20 PM</b> on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Deputy or title) <b>Dr. R. E. Hulse (MD)</b>				22b. ADDRESS <b>Moberly Mo.</b>		22c. DATE SIGNED <b>10/18/57</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		23b. DATE <b>10-18-1957</b>	23c. NAME OF CEMETERY OR CREMATORY <b>OAKLAND</b>		23d. LOCATION (City, town, or county) <b>MOBERLY,</b>		(State) <b>Mo.</b>
24. FUNERAL DIRECTOR ADDRESS <b>MAHAN JUNIL SERVICE - MOBERLY</b>			25. DATE RECD. BY LOCAL REG. <b>10-18-57</b>		26. REGISTRAR'S SIGNATURE <b>Caherlowe</b>		

(Licensed Embalmer's Statement on Reverse Side)

NOV 5 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 *John A. Green* .....

Licensed Embalmer No. 381

P. O. Address *N. D. E. P. H.*

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