

pt. Health,
& Welfare
S. Public
Health Service

S. 300
v. 1-56

Specialty medicine required by 193.140 MoRS 1949.

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

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

STANDARD CERTIFICATE OF DEATH

FILED DEC 16 1957

41557
STATE FILE NUMBER

Registration District No. 294 Primary Registration District No. 3056 Registrar's No. 291

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) Inside Limits OR Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> TOWN <u>Moberly</u>		c. CITY OR TOWN <u>Moberly</u> Inside Limits 2883 <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF HOSPITAL OR INSTITUTION <u>HOO S. Clark</u> Length of stay in 1b <u>7 years</u>		d. STREET ADDRESS (If outside, give location) <u>HOO S. Clark</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <u>MYRTLE</u> Middle <u>L.</u> Last <u>MANLEY</u>		4. DATE OF DEATH Month <u>Nov</u> Day <u>29</u> Year <u>1957</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 type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>March-26-1901</u>
9. AGE (In years last birthday) <u>56</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	
11. BIRTHPLACE (City and state or country) <u>Browning Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13. FATHER'S NAME <u>John R. Kenley</u>		14. MOTHER'S MAIDEN NAME <u>Ann Arnold</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes no, or unknown) (If yes, give war or date of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>488-24-8695</u>	
17. INFORMANT <u>James Manley Moberly Mo.</u>		Address <u>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>Melancholia - Cornea</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <u>Started on R. Thigh.</u> DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) _____			INTERVAL BETWEEN ONSET AND DEATH <u>6 yr</u>
20a. ACCIDENT <input 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 _____ Month, Day, Year _____ a. m. _____ p. m. _____			
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 <u>June 5, 1957</u> to <u>11/22/57</u> and last saw her alive on <u>11/28/57</u> Death occurred at <u>6:40 A.M.</u> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>P. V. Dwyer MD</u>		22b. ADDRESS <u>Huntsville, Mo.</u>	
22c. DATE SIGNED <u>11/29/57</u>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Funeral</u>	23b. DATE <u>Dec-1-1957</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Mt. Zion Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>Milan Missouri</u>
24. FUNERAL DIRECTOR <u>Cater Funeral Home Moberly Mo.</u> ADDRESS		25. DATE RECD. BY LOCAL REG. <u>12 29 57</u>	26. REGISTRAR'S SIGNATURE <u>Leauelowe</u>

(Licensed Embalmer's Statement on Reverse Side)

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DEC 17 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.....
R. M. Carter

Licensed Embalmer No. *411*

P. O. Address *Moberly, Mo*

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.