

STANDARD CERTIFICATE OF DEATH

FILED DEC 23 1957

45406  
STATE FILE NUMBER

Registration District No. 294 Primary Registration District No. 3056 Registrar's No. 298

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>626 WEST END PLACE</b>		Length of stay in lb <b>81 Yrs.</b>		d. STREET ADDRESS <b>626 WEST END PL.</b>	
3. NAME OF DECEASED (Type or print) <b>HONORAH REEVES SOURS</b>			4. DATE OF DEATH <b>DEC. 10, 1957</b>		
5. SEX <b>FEMALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> <b>WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/></b>	8. DATE OF BIRTH <b>7-2-1872</b>	9. AGE (In years last birthday) <b>85</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>ST. CHARLES, MO.</b>	
13. FATHER'S NAME <b>MICHAEL REEVES</b>			14. MOTHER'S MAIDEN NAME <b>ELLEN HURLEY</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>MRS. WALTER HILL</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>Hypertensive Cardiovascular Disease</b>					INTERVAL BETWEEN ONSET AND DEATH <b>7</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)					19. WAS AUTOPSY PERFORMED? <b>2</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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 _____ 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 <b>Oct 5th</b> to <b>Dec 10th</b> and last saw her/him alive on <b>Dec 9th</b> Death occurred at <b>7 am</b> on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <b>Thos. S. Fleming</b> (Degree or title)			22b. ADDRESS <b>Moberly Mo</b>		22c. DATE SIGNED <b>12/11/57</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		23b. DATE <b>12-12-1957</b>	23c. NAME OF CEMETERY OR CREMATORY <b>ST. MARY'S</b>		23d. LOCATION (City, town, or county) (Sign) <b>MOBERLY Mo.</b>
24. FUNERAL DIRECTOR <b>MAHAN FUNERAL SERVICE - MOBERLY</b>		ADDRESS		25. DATE RECD. BY LOCAL REG. <b>12-12-57</b>	26. REGISTRAR'S SIGNATURE <b>C. Caldwell</b>

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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

Signed *John A. Green*.....

Licensed Embalmer No. *381*

P. O. Address *Moody*

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.