

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.

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED DEC 24 1957

45418

STATE FILE NUMBER

Registration District No. 295 Primary Registration District No. 4443 Registrar's No. 299

1. PLACE OF DEATH a. COUNTY <u>Randolph</u> b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Huntsville</u> c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Winkler Nursing Home</u> Length of stay in lb <u>4 Days</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Randolph</u> c. CITY OR TOWN <u>Moberly</u> ²⁸⁸³⁰ Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> d. STREET ADDRESS (If outside, give location) <u>927 Franklin St.</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <u>EDNA</u> Middle <u>FLORENCE</u> Last <u>OFFIELD</u>		4. DATE OF DEATH Month <u>Dec</u> Day <u>-18-</u> Year <u>1957</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	6. DATE OF BIRTH <u>June-10-1867</u>
7. USUAL OCCUPATION (Give kind of work done during most of working life, each if retired) <u>School teacher (Retired)</u>		8. KIND OF BUSINESS OR INDUSTRY -	
9. FATHER'S NAME <u>Joseph Offield</u>		10. MOTHER'S MAIDEN NAME <u>Fidelia Hinton</u>	
11. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give year for dates of service) <u>no</u>		12. SOCIAL SECURITY NO. <u>None</u>	
13. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Medullary Failure</u> DUE TO (b) <u>Thrombotic encephalomalacia</u> DUE TO (c) <u>Arteriosclerosis</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		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)		14. WAS AUTOPSY PERFORMED? 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 _____ 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>1/16/56</u> to <u>12/15/57</u> and last saw her <u>her</u> alive on <u>12/15/57</u> Death occurred at <u>10:03 P</u> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>E. T. Whitaker D.D.</u> (Degree or title)		22b. ADDRESS <u>205 S. 5th St. Moberly, Mo.</u>	
22c. DATE SIGNED <u>12/19/57</u>		23. NAME OF CEMETERY OR CREMATORY <u>Lock Springs Cemetery</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. LOCATION (City, town, or county) (State) <u>Lock Springs MO</u>	
24. FUNERAL DIRECTOR <u>Caton Funeral Home Moberly, Mo.</u> ADDRESS		25. DATE RECD. BY LOCAL REG. <u>12/19/1957</u>	
26. REGISTRAR'S SIGNATURE <u>Mary H. Bentley</u>		(Licensed Embalmer's Statement on Reverse Side)	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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 *Woburn, Mass.*

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.