

HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH 234

2394

STATE FILE NUMBER

FILED FEB 10 1958

Registration District No. 294 Primary Registration District No. 3056 Registrar's No. 33

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>		c. CITY OR TOWN <b>Moberly</b>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>702 Taylor St.</b>		d. STREET ADDRESS (If outside, give location) <b>702 Taylor St.</b>	

3. NAME OF DECEASED (Type or print) First <b>Emelia</b> Middle <b>Mary</b> Last <b>Basnett</b>			4. DATE OF DEATH Month <b>1</b> Day <b>26</b> Year <b>58</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>3/6/1881</b>		9. AGE (In years last birthday) <b>76</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		11. BIRTHPLACE (City and state or country) <b>Forest Green, Mo.</b>		
13. FATHER'S NAME <b>Fred Kottman</b>			14. MOTHER'S MAIDEN NAME <b>Louise Boule</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. <b>none</b>		17. INFORMANT Address <b>Robert Basnett Moberly, 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>Metastatic Carcinoma of liver</b>		INTERVAL BETWEEN ONSET AND DEATH <b>1 year</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <b>Primary Carcinoma of Ovary (adenocarcinoma papillary type)</b>	<b>5 years</b>
	DUE TO (c) <b>Generalized metastases to omentum and</b>	<b>1 year</b>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <b>Arterio Sclerotic Mellitus 2 years</b>		19. 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 _____ 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 May 27, 1953, to Jan. 26 1958 and last saw her <sup>been</sup> alive on Jan 26 58  
Death occurred at 2:30 P m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) <b>Clarence C. Cochrane M.D.</b>	22b. ADDRESS <b>317 Virginia, Moberly Mo</b>	22c. DATE SIGNED <b>Jan 28, 58</b>
--	---	---------------------------------------

23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>1/28/58</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Forest Green Lutheran</b>	23d. LOCATION (City, town, or county) (State) <b>Forest Green, Mo.</b>
24. FUNERAL DIRECTOR <b>Marion E. Million</b>		25. DATE RECD. BY LOCAL REG. <b>1-28-58</b>	26. REGISTRAR'S SIGNATURE <b>Robert Basnett</b>

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 *G. Marion E. Miller* .....

Licensed Embalmer No. *395*

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.