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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

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

2403

FILED FEB 3 1958

STATE FILE NUMBER

Registration District No. 294 Primary Registration District No. 3056 Registrar's No. 16

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| 1. PLACE OF DEATH<br>a. COUNTY <u>RANDOLPH</u>   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <u>MISSOURI</u> b. COUNTY <u>RANDOLPH</u>              |  |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>MOBERLY</u>   |  | c. CITY OR TOWN <u>MOBERLY</u>   |  |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>WOODLAND HOSP.</u>  |  | d. STREET ADDRESS (If outside, give location) <u>644 W. LOGAN</u>  |  |
| 3. NAME OF DECEASED (Type or print)<br>First <u>IDA</u> Middle <u>STEPHENS</u> Last <u>DULANY</u>  |  | 4. DATE OF DEATH<br>Month <u>JAN.</u> Day <u>18,</u> Year <u>1958</u>  |  |
| 5. SEX <u>FEMALE</u>   | 6. COLOR OR RACE <u>WHITE</u>  | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH <u>JAN. 26, 1885</u>                            |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  |  | 10b. KIND OF BUSINESS OR INDUSTRY <u>—</u>   | 9. AGE (In years last birthday) <u>72</u>                        |
| 13. FATHER'S NAME <u>OSCAR DULANY</u>  |  | 11. BIRTHPLACE (City and state or country) <u>AUBRAIN CT., MO.</u>   |  |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>—</u>  |  | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u>  |  |
| 16. SOCIAL SECURITY NO. <u>491-07-2022A</u>  |  | 14. MOTHER'S MAIDEN NAME <u>MARY MILDRED McDONALD</u>  |  |
| 17. INFORMANT <u>MRS. ROY HAMPTON</u>  |  | Address <u>MOBERLY</u>   |  |
| 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <u>Myocardial infarction</u><br>DUE TO (b) <u>arteriosclerotic coronary thrombosis</u><br>DUE TO (c) <u>4201</u><br>PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <u>arteriosclerotic heart disease - 2 years</u> |  |  | INTERVAL BETWEEN ONSET AND DEATH <u>8 days</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<br>Hour <u>6:10 AM</u> Month <u>Jan</u> Day <u>10</u> Year <u>1958</u><br>a. m. <u>—</u> p. m. <u>—</u>  | 20d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)    |  |  |
| 20e. CITY, TOWN, OR LOCATION <u>MOBERLY</u>  | COUNTY <u>MO.</u>  | STATE <u>MO.</u>   |  |
| 21. I attended the deceased from <u>Jan 10 1958</u> to <u>Jan 18 1958</u> and last saw her <u>her</u> alive on <u>Jan 17 1958</u><br>Death occurred at <u>6:10 AM</u> m on the date stated above; and to the best of my knowledge, from the causes stated.   |  |  |  |
| 22a. SIGNATURE (Degree or title) <u>Clarence Clekes M.D.</u>   |  | 22b. ADDRESS <u>MOBERLY, MO.</u>   |  |
| 22c. DATE SIGNED <u>JAN 20 1958</u>  |  |  |  |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>  | 23b. DATE <u>1-20-1958</u>   | 23c. NAME OF CEMETERY <u>OAKLAND</u>   | 23d. LOCATION (City, town, or county) (State) <u>MOBERLY MO.</u> |
| 24. FUNERAL DIRECTOR ADDRESS <u>MANAH FUNERAL SERVICE - MOBERLY</u>  |  | 25. DATE RECD. BY LOCAL REG. <u>1-20-58</u>  | 26. REGISTRAR'S SIGNATURE <u>Clarence Clekes</u>                 |

FEB 4 1958

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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 *J. A. Green*.....

Licensed Embalmer No. *981*

P. O. Address *Madison*

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.