

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

2407

STATE FILE NUMBER

FILED FEB 3 1958

Registration District No. 294

Primary Registration District No. 3056

Registrar's No. 17

1. PLACE OF DEATH a. COUNTY Randolph				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Randolph			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Moberly		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN Huntsville		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Community Memorial Hospital (Osteopathic)				Length of stay in lb		d. STREET ADDRESS (If outside, give location) Rural Route #3	
3. NAME OF DECEASED (Type or print) MATTIE		First MATTIE		Middle MILLER		Last HARDIN	
5. SEX Female		6. COLOR OR RACE White		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH January 5, 1888	
9. AGE (In years last birthday) 70		IF UNDER 1 YEAR Months 0 Days 13		IF UNDER 24 HRS. Hours Min. 		4. DATE OF DEATH Month January Day 18 Year 1958	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife			10b. KIND OF BUSINESS OR INDUSTRY Home			11. BIRTHPLACE (City and state or country) Randolph County, Missouri	
13. FATHER'S NAME John Fielding				14. MOTHER'S MAIDEN NAME Carrie Ferguson			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None		17. INFORMANT Address Mr. James M. Hardin, R.R.#3, Huntsville, Mo			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c.)] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Medullary Paralysis							INTERVAL BETWEEN ONSET AND DEATH Minutes
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		DUE TO (b) Cerebral Hemorrhage					30 Minutes
		DUE TO (c) Arteriosclerosis					Years
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? 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.) 331X					
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 1-18-58 to 1-18-58 and last saw her ^{alive} on 1-18-58 Death occurred at 12:25 P. m. on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) W. H. McCornick D.O.				22b. ADDRESS 300 1/2 West Road, Moberly, Missouri		22c. DATE SIGNED 1-18-58	
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE 1-20-1958		23c. NAME OF CEMETERY OR CREMATORY OAKLAND		23d. LOCATION (City, town, or county) (State) MOBERLY MO.	
24. FUNERAL DIRECTOR ADDRESS MAHAN FUNERAL SERVICE - MOBERLY				25. DATE RECD. BY LOCAL REG. 1-20-58		26. REGISTRAR'S SIGNATURE W. H. McCornick	

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 *Maryland*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (If 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.