

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED JAN 17 1958

2413

STATE FILE NUMBER

Registration District No. 294 Primary Registration District No. 3056 Registrar's No. 5

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
a. 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>		d. STREET ADDRESS (If outside, give location) <u>543 Union Ave.</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>MOBERLY</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <u>MOBERLY</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>COMMUNITY HOSPITAL</u>		Length of stay in lb <u>35 yrs.</u>		d. STREET ADDRESS (If outside, give location) <u>543 Union Ave.</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print)				4. DATE OF DEATH			
First <u>MARY</u>		Middle <u>JANE</u>		Last <u>KING</u>		Month <u>JAN.</u> Day <u>2,</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"/>	8. DATE OF BIRTH <u>AUG. 13, 1889</u>	9. AGE (In years last birthday) <u>68</u>	IF UNDER 1 YEAR	IF UNDER 24 HRS.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>—</u>		11. BIRTHPLACE (City and state or country) <u>MINNIE COUNTY, MO.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13. FATHER'S NAME <u>JOHN FOSTER</u>				14. MOTHER'S MAIDEN NAME <u>MARY ELIZ. JACKSON</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>491-07-0983</u>		17. INFORMANT <u>H. D. KING</u>		Address <u>MOBERLY</u>	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Sepsis and terminal pneumonia</u>						INTERVAL BETWEEN ONSET AND DEATH <u>1 1/2 hr</u>	
Conditions, if any, which gave rise to above cause (d), stating the underlying cause last.						DUE TO (b) <u>Thrombotic encephalomalacia and cerebral hemorrhage</u>	
						DUE TO (c) <u>arteriosclerosis</u>	
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"/> <u>2</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.) <u>332X</u>				
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>Jan. 19, 1953</u> to <u>Dec. Jan. 2, 1958</u> and last saw <sup>her</sup> <del>him</del> alive on <u>Jan. 1-1958</u>				Death occurred at <u>3:40</u> <u>A.</u> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>Genj. J. Jolly D.O.</u>			22b. ADDRESS <u>203 1/2 N. CLARK, Moberly, Mo.</u>		22c. DATE SIGNED <u>1-3-58</u>		
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		23b. DATE <u>1-4-1958</u>		23c. NAME OF CEMETERY OR CREMATORY <u>SUNSET MEM. GDNS.</u>		23d. LOCATION (City, town, or county) (State) <u>MOBERLY Mo.</u>	
24. FUNERAL DIRECTOR ADDRESS <u>MANAN FUNERAL SERVICE - MOBERLY</u>			25. DATE RECD. BY LOCAL REG. <u>1-4-58</u>		26. REGISTRAR'S SIGNATURE <u>Peablowe</u>		

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

JAN 30 1958

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. Geller*

Licensed Embalmer No. *38*

P. O. Address *Mob...*

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.