

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-004952  
STATE FILE NUMBER

FILED MAR 4 - 1958

Registration District No. 78 Primary Registration District No. 4157 Registrar's No. 34

300  
1-57

1. PLACE OF DEATH a. COUNTY <u>Daviess</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Daviess</u>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Pattonsburg</u>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>Pattonsburg</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>Mrs. George Fulton, Res.</u>		Length of stay in lb <u>6 wks.</u>	d. STREET ADDRESS (If outside, give location) <u>Pattonsburg, Mo.</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <u>Bertha</u> Middle <u>Adaline</u> Last <u>Moad</u>			4. DATE OF DEATH Month <u>Feb.</u> Day <u>17</u> Year <u>1958</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>May 23, 1881</u>	9. AGE (In years last birthday) <u>76</u>	IF UNDER 1 YEAR Months <u>8</u> Days <u>24</u>
IF UNDER 24 HRS. Hours <u></u> Min. <u></u>	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>housewife</u>	11. BIRTHPLACE (City and state or country) <u>Hamilton, Mo., Caldwell Co.</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Jacob Fulcher</u>		13b. MOTHER'S MAIDEN NAME <u>Alice Lee</u>		14. NAME OF HUSBAND OR WIFE <u>Charles Clayton Moad</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>	16. SOCIAL SECURITY NO. <u>no</u>	17. INFORMANT Address <u>Mrs. George Fulton, Pattonsburg, Mo.</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>Carcinoma of sigmoid colon, resectum</u>					INTERVAL BETWEEN ONSET AND DEATH <u>7 yrs</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <u>Severe secondary anemia</u>	DUE TO (c) <u>acute cystitis</u>			<u>6 wks</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"/>
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 <u></u> Month, Day, Year <u></u> a.m. <u></u> p.m. <u></u>			20d. INJURY OCCURRED WHILE AT <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>June 1957</u> to <u>Feb 17</u> and last saw <sup>him</sup> alive on <u>Feb 16/58</u> Death occurred at <u>2-17-58</u> at <u>7:17 p.m.</u> m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) <u>H. Bailey dd</u>		22b. ADDRESS <u>Pattonsburg, Mo</u>		22c. DATE SIGNED <u>2-20-58</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	23b. DATE <u>2-20-58</u>	23c. NAME OF CEMETERY OR CREMATORY <u>I O O F</u>	23d. LOCATION (City, town, or county) <u>Pattonsburg, Missouri</u>	(State)	
24. FUNERAL DIRECTOR <u>Louis Quast</u>		ADDRESS <u>Pattonsburg, Mo.</u>	25. DATE RECD. BY LOCAL REG. <u>2-24-58</u>	26. REGISTRAR'S SIGNATURE <u>Virginia M Engelhart</u>	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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 *Louis Quest* .....

Licensed Embalmer No. *4296* .....

P. O. Address *Pattersonburg* .....

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.