

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-015348

STATE FILE NUMBER

FILED MAY 5 1958

Registration District No. 294 Primary Registration District No. 3056 Registrar's No. 101

Health,
Welfare
Public
Service

300
1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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 Moberly		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Woodland Hosp.		Length of stay in 1b 57 Yrs	d. STREET ADDRESS (If outside, give location) 823 W. Coates		Reside on Form Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First ADA Middle ELEMEDA Last LARSON			4. DATE OF DEATH Month April Day 18 Year 1958		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> 2 DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH April 27, 1878	9. AGE (In years last birthday) 79
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Houswife	10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) Stockholm, Sweden		12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME Paul Hoaglund			14. MOTHER'S MAIDEN NAME Unknown		
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. -----	17. INFORMANT Miss Charlene Larson Moberly		
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral thrombotic embolus					INTERVAL BETWEEN ONSET AND DEATH 1 wk.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Arteriosclerosis					2 yrs.
DUE TO (c) Hypertension Cardiovascular disease					?
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 443X					
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 12:08 Month April Day 2 Year 1958 a. m. p. m.	20d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION Moberly, Missouri		COUNTY Mo.
20e. WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21. I attended the deceased from April 2, 1958 , to April 18, 1958 and last saw her ^{her} _{him} alive on Apr. 18, 1958 Death occurred at 12:08 p. m. on the date stated above, and to the best of my knowledge, from the causes stated.				
22a. SIGNATURE <i>[Signature]</i> (Degree or title)			22b. ADDRESS Moberly, Missouri		22c. DATE SIGNED Apr. 22, 1958
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 4-21-1958	23c. NAME OF CEMETERY Oakland		23d. LOCATION (City, town, or county) (State) Moberly Mo.	
24. FUNERAL DIRECTOR Mahan Funeral Service		ADDRESS Moberly	25. DATE RECD. BY LOCAL REG. 4-21-58	26. REGISTRAR'S SIGNATURE <i>[Signature]</i>	

(Licensed Embalmer's Statement on Reverse Side)

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. (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.