

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-019329

STATE FILE NUMBER

FILED JUN 2 1958 Registration District No. 295 Primary Registration District No. 6015 Registrar's No. 334

|  |                               |   |  |
|--|-------------------------------|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY <u>Randolph</u>   |                               | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before death)<br>a. STATE <u>Missouri</u> b. COUNTY <u>Randolph</u>                     |  |
| b. CITY (If outside corporate limits give TOWNSHIP only) OR TOWN <u>Salt Springs</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>   |                               | c. CITY OR TOWN <u>Moberly 08830</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                      |  |
| c. FULL NAME OF DECEASED (If NOT in hospital, give location) <u>Pleasant View Home</u> Length of stay in hospital or institution <u>15 months</u>  |                               | d. STREET ADDRESS (If outside, give location) <u>641 N. Morley</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>       |  |
| 3. NAME OF DECEASED (Type or print)<br>First <u>SUSIE</u> Middle <u>M.</u> Last <u>HOKOHAN</u>   |                               | 4. DATE OF DEATH <u>May - 24 - 1958</u><br>Month Day Year   |  |
| 5. SEX <u>Female</u>   | 6. COLOR OR RACE <u>White</u> | 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/><br>WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH <u>Feb. - 8 - 1879</u>                          |
| 9. AGE (In years last birthday) <u>79</u>  |                               | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>   |  |
| 11. BIRTHPLACE (City and state or country) <u>Kentucky</u>   |                               | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>  |  |
| 13. FATHER'S NAME <u>Robert D. Ball</u>  |                               | 14. MOTHER'S MAIDEN NAME <u>Mildred Guinn</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>493-98-3115</u>  |  |
| 17. INFORMANT <u>Mrs. John Stewart Moberly Mo.</u> Address   |                               |   |  |
| 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>Cerebral Hemorrhage</u><br>Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. }<br>DUE TO (b) <u>Hypertension</u><br>DUE TO (c) <u>331X</u><br>PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) |                               |   | INTERVAL BETWEEN ONSET AND DEATH <u>6 wks</u><br><u>D.K.</u>     |
| 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>3:10 P</u> Month, Day, Year  |                               |   |  |
| 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>4/1/58</u> to <u>5/24/58</u> and last saw her alive on <u>5/24/58</u><br>Death occurred at <u>3:10 P</u> m on the date stated above; and to the best of my knowledge, from the causes stated.  |                               |   |  |
| 22a. SIGNATURE <u>D. W. Dreyer MD</u> (Degree or title)  |                               | 22b. ADDRESS <u>Huntsville, Mo.</u>   | 22c. DATE SIGNED <u>5/29/58</u>                                  |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)  | 23b. DATE <u>May-26-58</u>    | 23c. NAME OF CEMETERY OR CREMATORY <u>Sunset Hill Cemetery</u>  | 23d. LOCATION (City, town, or county) (State) <u>Madison Mo.</u> |
| 24. FUNERAL DIRECTOR <u>Cater Funeral Home Moberly Mo</u> ADDRESS  |                               | 25. DATE RECD. BY LOCAL REG. <u>May 29 - 1958</u>   | 26. REGISTRAR'S SIGNATURE <u>Mary A. Bentley</u>                 |

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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.....  
*R. M. Carter*

Licensed Embalmer No. *41*.....

P. O. Address *Moherby*.....

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.

*Embalmed by R. M. Carter*