

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-026596

STATE FILE NUMBER

FILED AUG 11 1958

Registration District No. 294

Primary Registration District No. 3056

Registrar's No. 176

1. PLACE OF DEATH a. COUNTY <b>Randolph</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Randolph</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Moberly</b>		c. CITY OR TOWN <b>Moberly</b> <b>08830</b> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Woodland Hospital</b>		d. STREET ADDRESS <b>812 S. (If outside, give location) 5th St.</b> Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <b>THELMA</b> Middle <b>MAY</b> Last <b>Mc ALLISTER</b>		4. DATE OF DEATH Month <b>AUG.</b> Day <b>1</b> Year <b>1958</b>	
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>May 30, 1908</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) <b>50</b>
11. BIRTHPLACE (City and state or country) <b>Moberly, Mo.</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13. FATHER'S NAME <b>Werner F. Finnell</b>		14. MOTHER'S MAIDEN NAME <b>Bessie Dawson</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>6666</b>	
17. INFORMANT <b>Clay C. Mc Allister</b>		Address <b>Moberly</b>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Cerebral vascular hemorrhage</b> <b>atherosclerosis</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>atherosclerosis</b> DUE TO (c) <b>331X</b> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <b>Appendectomy &amp; Cholecystectomy 7/26/58</b>			INTERVAL BETWEEN ONSET AND DEATH <b>6 days</b> <b>unknown</b>
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 _____ 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 <b>7/20/58</b> , to <b>8/1/58</b> and last saw her/him alive on <b>7/31/58</b> Death occurred at <b>5:25 AM</b> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <b>Robert Harrison M.D.</b> (Degree or title)		22b. ADDRESS <b>121 S. W. Mrs. Quibley</b>	
22c. DATE SIGNED <b>8/9/58</b>			
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE	
<b>Burial</b>		<b>Aug. 3, 1958</b>	
23c. NAME OF CEMETERY OR CREMATORIUM <b>Oakland</b>		23d. LOCATION (City, town, or county) <b>Moberly Mo.</b>	
24. FUNERAL DIRECTOR <b>Mahan Funeral Service</b>		25. DATE RECD. BY LOCAL REG. <b>8-4-58</b>	
ADDRESS <b>Moberly</b>		26. REGISTRAR'S SIGNATURE <b>Leahell Lane</b>	

(Licensed Embalmer's Statement on Reverse Side)

Health, Welfare & Public Service 300 1-56

All 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

MEDICAL CERTIFICATION

AUG 19 1958

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em-  
by me, or by ....., Student Embalmer No. ....  
working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed *John A. Greer*.....  
Licensed Embalmer No. *38*

P. O. Address *M. A. Greer*

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.