

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-037436

STATE FILE NUMBER

FILED OCT 27 1958 Registration District No. 294 Primary Registration District No. 2056 Registrar's No. 221

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>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN <b>0883 Moberly</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>518 E. 8th St. Moberly</b>			Length of stay in lb <b>16 Yrs</b>	d. STREET ADDRESS (If outside, give location) <b>609A W. Coates</b>	
3. NAME OF DECEASED (Type or print) First <b>NETTIE</b> Middle <b>FLORENCE</b> Last <b>DULANY</b>			4. DATE OF DEATH Month <b>OCT.</b> Day <b>10</b> Year <b>1958</b>		
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> <b>WIDOWED <input checked="" type="checkbox"/> 2 DIVORCED <input type="checkbox"/></b>		8. DATE OF BIRTH <b>July 4, 1884</b>	9. AGE (In years last birthday) <b>74</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	11. BIRTHPLACE (City and state or country) <b>Audrain County, Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
13. FATHER'S NAME <b>Thomas R. Hunkel</b>			14. MOTHER'S MAIDEN NAME <b>Mary M. Burkeye</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>None</b>	17. INFORMANT <b>Mrs. V. R. Davis</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>Disease undiagnosed, manifested 2 1/2 years by marked emaciation, muscular atrophy, and weakness.</b>					INTERVAL BETWEEN ONSET AND DEATH <b>7442</b>
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 <b>3:00</b> Month <b>A</b> Day <b>10</b> Year <b>1958</b>					
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 <b>Moberly</b> COUNTY <b>Randolph</b> STATE <b>Missouri</b>	
21. I attended the deceased from <b>April 14, 1958</b> to <b>Oct 10, 1958</b> and last saw her <b>alive</b> on <b>Oct 6, 1958</b> Death occurred at <b>3:00 A</b> m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) <b>Clarence C. Coburn M.D.</b>			22b. ADDRESS <b>317 Virginia, Moberly Mo</b>		22c. DATE SIGNED <b>Oct 10 1958</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>Oct. 12, 1958</b>	23c. NAME OF CEMETERY <b>MACEDONIA</b>		23d. LOCATION (City, town, or county) (State) <b>Moberly Missouri</b>	
24. FUNERAL DIRECTOR <b>Mahan Funeral Service</b> Address <b>Moberly</b>		25. DATE RECD. BY LOCAL REG. <b>10/12/58</b>	26. REGISTRAR'S SIGNATURE <b>Paul W. Lowe</b>		

(Licensed Embalmer's Statement on Reverse Side)

Health, Welfare, Public Service

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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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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 *Mabank*

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.