

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-041089

STATE FILE NUMBER

FILED NOV 17 1958 Registration District No. 294 Primary Registration District No. 3006 Registrar's No. 237

1. PLACE OF DEATH a. COUNTY <u>Randolph</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Randolph</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Moberly</u>		c. CITY OR TOWN <u>Moberly</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Comm. Mem Hosp.</u>		d. STREET ADDRESS <u>1014 W. Burkhart</u>	
3. NAME OF DECEASED (Type or print) First <u>MARGARET</u> Middle <u>(NMI)</u> Last <u>HARRISON</u>		4. DATE OF DEATH Month <u>NOV.</u> Day <u>1</u> Year <u>L958</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>Jan. 31, 1882</u>
10a. 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>Moberly Missouri</u>	
13. FATHER'S NAME <u>James M. Williams</u>		14. MOTHER'S MAIDEN NAME <u>Maragret Ragsdale</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>		17. INFORMANT <u>Kirtley Harrison Moberly, 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>asphyxia and sepsis</u> DUE TO (b) <u>bronchopneumonia</u> DUE TO (c) <u>Corrosive burn of mouth, esophagus, &amp; stomach by Drano</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <u>Diabetes mellitus</u>			INTERVAL BETWEEN ONSET AND DEATH <u>1 1/2 hrs.</u> <u>24 hrs.</u> <u>4 1/2 hrs.</u>
20a. ACCIDENT <input checked="" 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 or state) <u>Drano was taken accidentally, due to the two cans placed, side by side on a shelf.</u>	
20c. TIME OF INJURY Hour <u>12:30</u> a. m. <u>pm.</u> Month, Day, Year <u>10-31-58</u>		20f. CITY, TOWN, OR LOCATION <u>Moberly</u> COUNTY <u>Randolph</u> STATE <u>MO.</u>	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
21. I attended the deceased from <u>6-06-57</u> to <u>11-1-58</u> and last saw her <sup>her</sup> <del>him</del> alive on <u>11-1-58</u> Death occurred at <u>8:00 pm</u> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>[Signature]</u> (Degree or title)		22b. ADDRESS <u>107 15th, Moberly</u>	
22c. DATE SIGNED <u>11-3-58</u>		22d. ADDRESS (State) <u>Mo.</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>Nov. 4, 1958</u>	23c. NAME OF CEMETERY OR CREMATORIUM <u>Oakland</u>	23d. LOCATION (City, town, or county) (State) <u>Moberly Mo.</u>
24. FUNERAL DIRECTOR <u>Mahan Funeral Service</u> ADDRESS <u>Moberly</u>		25. DATE RECD. BY LOCAL REG. <u>Nov 4-58</u>	26. REGISTRAR'S SIGNATURE <u>Beach W. Coover</u>

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

NOV 19 1958

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. 38

P. O. Address *Mohawk*

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.