

HEALTH, WELFARE PUBLIC SERVICE
 STANDARD CERTIFICATE OF DEATH

58-045219

STATE FILE NUMBER

FILED DEC 23 1958 Registration District No. 294 Primary Registration District No. 3056 Registrar's No. 273

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>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>Moberly</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Whitaker Hospital</u>		Length of stay in lb <u>4 Weeks</u>	d. STREET ADDRESS (If inside, give location) <u>524 Johnson</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First DURA Middle BELL Last KING 4. DATE OF DEATH Month Dec Day 17 Year 1958

5. SEX Female 6. COLOR OR RACE White 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH March 30 - 1875 9. AGE (In years last birthday) 83 IF UNDER 1 YEAR IF UNDER 24 HRS. Month Day Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (City and state or country) Reinic Missouri 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Lacy Sweeney 14. MOTHER'S MAIDEN NAME Fannie Webster

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. none 17. INFORMANT J. W. King Address Moberly Mo.

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]
 PART I. DEATH WAS CAUSED BY:
 IMMEDIATE CAUSE (a) Medullary failure
 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Inanition and general debilitation
 DUE TO (c)
 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) 7901
 19. WAS AUTOPSY PERFORMED? YES NO 2

20a. ACCIDENT SUICIDE HOMICIDE 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)
 20c. TIME OF INJURY Hour Month Day Year a. m. p. m.
 20d. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 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 11/19/58 to 12/17/58 and last saw her alive on 12/17/58
 Death occurred at 1900 A. m. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Deed or title) E. T. Whitaker Jr. 22b. ADDRESS 205 S. 5th. St., Moberly, Mo. 22c. DATE SIGNED 12/18/58

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial 23b. DATE Dec-19-1958 23c. NAME OF CEMETERY OR CREMATORY Oakland Cemetery 23d. LOCATION (City, town, or county) (State) Moberly Missouri
 FUNERAL DIRECTOR Cater Funeral Home Moberly Mo. ADDRESS 25. DATE RECD. BY LOCAL REG. 12-19-58 25. REGISTRAR'S SIGNATURE

(Licensed Embalmer's Statement on Reverse Side)

Health, Welfare Public Service
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 300
 1-56
 Diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.
 Doctor, coroner, etc., must use only standard nomenclature in item 18. No symptoms will be listed. All
 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 examined by me, or by, Student Embalmer No. working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Jerry R. Carter*.....
Licensed Embalmer No. *492*.....

P. O. Address *W. W. W. W.*.....

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.