

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-030083

 Registration District No. 15 SEP 8 1959 294

 Primary Registration District No. 3056

 Registrar's No. 189

STATE FILE NUMBER

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
a. COUNTY Randolph		b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Moberly		Length of stay in 1b 45 Yrs		c. CITY OR TOWN Moberly	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 334 Woodland		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 334 Woodland		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print)			4. DATE OF DEATH			Month Day Year	
First MARY			Middle ELLEN			Last HARRIS	
5. SEX Female		6. COLOR OR RACE White		7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 11-26-1874	
9. AGE (last birthday) 84		IF UNDER 1 YEAR Months Days		IF UNDER 24 HR 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) Boonville, Mo.	
12. CITIZEN OF WHAT COUNTRY USA			13a. FATHER'S NAME Samuel Goff			13b. MOTHER'S MAIDEN NAME Nancy Smith	
14. NAME OF HUSBAND OR WIFE			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 Mrs. Veda Quisenberry			Address Moberly				
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:							INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) Embolus to the left common iliac artery							23 hours.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.							
DUE TO (b) Auricular fibrillation							10 yrs.
DUE TO (c) Arteriosclerotic heart disease.							10 yrs.
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)						PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	
Diabetes mellitus. Healed myocardial infarction.							
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 .a.m. .p.m. 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>1946</u> to <u>Aug. 1959</u> and last saw her <u>her</u> alive on <u>Aug. 26, 1959</u> Death occurred at <u>11:00 a.m.</u> on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <i>Will Henry</i>				22b. ADDRESS Moberly, Missouri		22c. DATE SIGNED 8-29-59	
23a. BURIAL CREMATION, REMOVAL (Specify) Burial		23b. DATE Aug. 31, 1959		23c. NAME OF CEMETERY OR CREMATORY Oakland		23d. LOCATION (City, town, or county) (State) Moberly Mo.	
24. FUNERAL DIRECTOR Mahan Funeral Service			ADDRESS Moberly		25. DATE RECD. BY LOCAL REG. 8-29-59		26. REGISTRAR'S SIGNATURE <i>Leah W. Stone</i>

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

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

Student _____
Signature of Student Embalmer

Signed John A. Green

Licensed Embalmer No. 3815

: P. O. Address Mabley

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.