

Registration District No. 294 Primary Registration District No. 2036 Registrar's No. 251

**ENDED**

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>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>521 W. Coates</b>		d. STREET ADDRESS (If outside, give location) <b>521 W. Coates</b>	
3. NAME OF DECEASED (Type or print) <b>LENA</b>		4. DATE OF DEATH Month <b>OCT.</b> Day <b>23</b> Year <b>1959</b>	
5. SEX <b>Female</b>		6. COLOR OR RACE <b>White</b>	
7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <b>10-18-1862</b>	
9. AGE (last birthday) <b>97</b>		10. IF UNDER 1 YEAR Months <b>0</b> Days <b>0</b>	
11. IF UNDER 24 HR Hours <b>0</b> Min. <b>0</b>		12. CITIZEN OF WHAT COUNTRY <b>USA</b>	
13a. FATHER'S NAME <b>Anthony Guffry</b>		13b. MOTHER'S MAIDEN NAME <b>Unknown</b>	
14. NAME OF HUSBAND OR WIFE <b>Mrs. Lucille Nugent</b>		15. ADDRESS <b>Moberly</b>	
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or, unknown) (If yes, give war or dates of service) <b>No</b>		17. SOCIAL SECURITY NO. <b>None</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>Granular &amp; Dehydration</b> DUE TO (b) <b>Stroke</b> DUE TO (c) <b>Generalized arteriosclerosis</b> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>None</b>		INTERVAL BETWEEN ONSET AND DEATH <b>30 days</b> <b>not known</b> <b>not known</b>	
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.) <b>None</b>		20c. TIME OF INJURY Hour <b>10:15</b> a.m. <b>p.m.</b> Month, Day, Year <b>10-23-59</b>	
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.) <b>None</b>	
20f. CITY, TOWN, OR LOCATION <b>Moberly, Mo.</b>		COUNTY <b>Mo.</b> STATE <b>Mo.</b>	
21. I attended the deceased from <b>10-23-59</b> to <b>10-26-59</b> and last saw her alive on <b>10-23-59</b> Death occurred at <b>10:15 p.m.</b> on the date stated above, and to the best of my knowledge, from the causes stated.		22a. SIGNATURE <b>L.O. Moberly, Mo.</b>	
22b. ADDRESS <b>Moberly, Mo.</b>		22c. DATE SIGNED <b>10-26-59</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>10-26-1959</b>	
23c. NAME OF CEMETERY OR CREMATORY <b>St. Mary's</b>		23d. LOCATION (City, town, or county) (State) <b>Moberly Mo.</b>	
24. FUNERAL DIRECTOR <b>Mahan Funeral Service</b>		25. DATE RECD. BY LOCAL REG. <b>10-26-59</b>	
26. REGISTRAR'S SIGNATURE <b>Seabell</b>		27. REGISTRAR'S SIGNATURE <b>Seabell</b>	

(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 me

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 Mobile, Ala.

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.