

1. PLACE OF DEATH a. COUNTY RANDOLPH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY CHARITON	
b. CITY (If outside corporate limits, give TOWNSHIP only) MOBERLY		Length of stay in 1b 3 DAYS	c. CITY OR TOWN BRUNSWICK, Mo. Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION WOODLAND HOSP.		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) W MAIN Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last EDITH ALBERTA DEWEESE			4. DATE OF DEATH Month Day Year 5-16-1960			
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 11-12-1906	9. AGE (last birthday) 53	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 HOUSEWORK	11. BIRTHPLACE (City and state or country) BRUNSWICK, Mo.		12. CITIZEN OF WHAT COUNTRY U.S.A.	

13a. FATHER'S NAME ARTHUR R. GROSS		13b. MOTHER'S MAIDEN NAME MARIETTA LOUISINGNOT		14. NAME OF HUSBAND OR WIFE CLEARANCE P.	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no none		16. SOCIAL SECURITY NO. 491-32-1498		17. INFORMANT M. J. D. Dwyer, Brookfield, Mo.	

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 40 hours
IMMEDIATE CAUSE (a) Peritonitis, Generalized.		DUE TO (b) Acute pancreatite	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (c)			

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 type="checkbox"/> No <input type="checkbox"/> Unknown	
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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 Month, Day, Year a.m. p.m.			

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.)	20f. CITY, TOWN, OR LOCATION MOBERLY, Mo.	COUNTY	STATE
21. attended the deceased from May 14, 1960 to May 16, 1960 and last saw her alive on May 15, 1960 Death occurred at 12:36 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.				
22a. SIGNATURE Blawie E. Moberly (Degree or title)		22b. ADDRESS Moberly, Mo.		22c. DATE SIGNED 18 May 1960

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 5-18-1960	23c. NAME OF CEMETERY OR CREMATORY ELLIOTT GRAVE CEME BRUNSWICK, Mo.	23d. LOCATION (City, town, or county) (State) BRUNSWICK, Mo.
24. FUNERAL DIRECTOR L. E. McCurry Brunswick, Mo.		25. DATE RECD. BY LOCAL REG. 5-18-60	26. REGISTRAR'S SIGNATURE Teabullaw

DOCUMENT
MEDICAL CERTIFICATION
BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

0981 T NNC

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

L. E. McCurry

Licensed Embalmer No. 4806

P. O. Address Brunswick, Va.

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.