

IRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=60-020482

FILED VS JUN 6 1960

294 Primary Registration District No. 3056 Registrar's No. 144

STATE FILE NUMBER

NDED

DOCUMENT

|   |  |   |  |   |   |  |  |  |  |  |  |                |  |
|---|--|---|--|---|---|--|--|--|--|--|--|----------------|--|
| 1. PLACE OF DEATH<br>a. COUNTY <b>Randolph</b>  |  |   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <b>Missouri</b> b. COUNTY <b>Randolph</b>                 |   |  |  |  |  |  |  |                |  |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <b>Moberly Moulton</b>   |  | Length of stay in 1b<br><b>2 Yrs.</b>   |  | c. CITY OR TOWN <b>Moberly</b>  |   | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |  |  |  |  |  |                |  |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <b>1013 N. Moulton</b>   |  |   | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |   | d. STREET ADDRESS (If outside, give location)<br><b>1013 N. Moulton</b> |  | Reside on Farm<br>Yes <input type="checkbox"/> No <input type="checkbox"/> |  |  |  |  |                |  |
| 3. NAME OF DECEASED (Type or print)<br>First <b>ISABELLE</b> Middle <b>WADDELL</b> Last <b>WADDELL</b>  |  |   |  | 4. DATE OF DEATH<br>Month <b>MAY</b> Day <b>21</b> Year <b>1960</b>   |   |  |  |  |  |  |  |                |  |
| 5. SEX <b>Female</b>  |  | 6. COLOR OR RACE <b>White</b>   |  | 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/><br>Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/> |   | 8. DATE OF BIRTH <b>10-9-1883</b>  |  | 9. AGE (last birthday) <b>76</b>   |  | IF UNDER 1 YEAR<br>Months Days Hours Min.          |  | IF UNDER 24 HR |  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>Housewife</b>   |  |   |  | 10b. KIND OF BUSINESS OR INDUSTRY   |   | 11. BIRTHPLACE (City and state or country)<br><b>Paris, Mo.</b>                      |  | 12. CITIZEN OF WHAT COUNTRY<br><b>USA</b>  |  |  |  |                |  |
| 13a. FATHER'S NAME<br><b>Dudley Jackson</b>   |  |   |  | 13b. MOTHER'S MAIDEN NAME<br><b>Mary Bruce</b>  |   |  |  | 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)<br><b>NO</b>   |  |   |  | 16. SOCIAL SECURITY NO.<br><b>None</b>  |   | 17. INFORMANT<br><b>Tulley Wright</b>  |  | Address<br><b>Moberly</b>  |  |  |  |                |  |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <b>Apoplexy</b><br>Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.<br>DUE TO (b)<br>DUE TO (c) |  |   |  |   |   |  |  |  |  | INTERVAL BETWEEN ONSET AND DEATH<br><b>4-8 hrs</b> |  |                |  |
| 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.<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |  |  |  |                |  |
| 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<br>Hour <input type="checkbox"/> a.m. <input type="checkbox"/> 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 <b>May 19/60</b> to <b>May 21/60</b> and last saw her alive on <b>May 16, 1960</b><br>Death occurred at <b>12:10 p</b> m on the date stated above, and to the best of my knowledge, from the causes stated.                              |  |   |  |   |   |  |  |  |  |  |  |                |  |
| 22a. SIGNATURE (Degree or title)<br><b>cc Smith M.D.</b>  |  |   |  | 22b. ADDRESS<br><b>312210 Reed Moberly, Mo.</b>   |   |  |  | 22c. DATE SIGNED<br><b>5-23-60</b>   |  |  |  |                |  |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Burial</b>  |  | 23b. DATE<br><b>May 23, 1960</b>  |  | 23c. NAME OF CEMETERY OR CREMATORY<br><b>Fairview</b>   |   | 23d. LOCATION (City, town, or county)<br><b>Macon County</b>                         |  | (State)<br><b>Mo.</b>  |  |  |  |                |  |
| 24. FUNERAL DIRECTOR<br><b>Mahan Funeral Service</b>  |  |   |  | ADDRESS<br><b>Moberly</b>   |   | 25. DATE RECD. BY LOCAL REG.<br><b>5-23-60</b>                                       |  | 26. REGISTRAR'S SIGNATURE<br><b>Peabody</b>  |  |  |  |                |  |

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

MS JUL 1 1988

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 Mobley

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.