

FRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-027942

FILED VS. AUG 13 1960 294

Primary Registration District No. **3056**

Registrar's No. **197**

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <i>Randolph</i> b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>Moberly</i> Length of stay in lb <i>10 Weeks</i> c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>Whitaker Hospital</i> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		2. USUAL RESIDENCE (Where deceased lived.) If institution: Residence before admission) a. STATE <i>MO.</i> b. COUNTY <i>Randolph</i> c. CITY OR TOWN <i>Jacksonville</i> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> d. STREET ADDRESS <i>RFD # 1</i> (If outside, give location) Residence on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
3. NAME OF DECEASED (Type or print) First Middle Last <i>MARY ELIZABETH PATRICK</i>			4. DATE OF DEATH Month Day Year <i>July - 29 - 1960</i>		
5. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <i>2-19-1871</i>	9. AGE (last birthday) <i>89</i> IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <i>Ralls Co. Mo.</i>	12. CITIZEN OF WHAT COUNTRY <i>U.S.A.</i>	
13a. FATHER'S NAME <i>John Slauter</i>		13b. MOTHER'S MAIDEN NAME <i>Mary Jane Williams</i>		14. NAME OF HUSBAND OR WIFE <i>None</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <i>no</i>		16. SOCIAL SECURITY NO. <i>None</i>		17. INFORMANT <i>Albert Roberts</i> Address <i>Jacksonville MO</i>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Medullary failure</i> DUE TO (b) <i>Auricular fibrillation</i> DUE TO (c) <i>Mitral valvulitis</i> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.				INTERVAL BETWEEN ONSET AND DEATH	
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"/> N- <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 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 COUNTY STATE			
21. I attended the deceased from <i>5/18/60</i> to <i>7/29/60</i> and last saw her <i>7/29/60</i> him <i>7/29/60</i> alive on Death occurred at <i>6:30 P.</i> <i>6:30 P.</i> on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) <i>Gladys Meale A.O.</i>		22b. ADDRESS <i>205 S. Fifth St. Moberly, Mo.</i>		22c. DATE SIGNED <i>7/30/60</i>	
23a. BURIAL, CREMATION, REMOVA (Specify) <i>Burial</i>	23b. DATE <i>July-31-1960</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Felgas Chapel Cemetery</i>	23d. LOCATION (City, town, or county) (State) <i>East of Jacksonville MO.</i>		
24. FUNERAL DIRECTOR <i>Cater Funeral Home Moberly MO</i> ADDRESS		25. DATE RECD. BY LOCAL REG. <i>7-31-60</i>	26. REGISTRAR'S SIGNATURE <i>[Signature]</i>		

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 R. M. Cater

Licensed Embalmer No. 4117

P. O. Address Moherly St

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to conform 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.