

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-035787

FILED VS. OCT. 3 1960

295

3443

STATE FILE NUMBER

Registration District No. \_\_\_\_\_ Primary Registration District No. \_\_\_\_\_ Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY <i>Randolph</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>MO.</i> b. COUNTY <i>Randolph</i>	
b. CITY (If outside corporate limits give TOWNSHIP only) OR TOWN <i>Huntsville</i>	Length of stay in lb <i>3 Weeks</i>	c. CITY OR TOWN <i>Moberly</i>	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>Winkler Nursing Home</i>	Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <i>1008 Buchanan</i>	Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last <i>HAZEL ELIZABETH MIKEL</i>			4. DATE OF DEATH Month Day Year <i>Sept 17 - 1960</i>		
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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>Nov 19, 1913</i>	9. AGE (last birthday) <i>47</i>	IF UNDER 1 YEAR Months Days	IF UNDER 24 HR Hours Min.
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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>Missouri</i>	12. CITIZEN OF WHAT COUNTRY <i>U.S.A.</i>
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13a. FATHER'S NAME <i>James Davidson</i>	13b. MOTHER'S MAIDEN NAME <i>Rosie Howard</i>	14. NAME OF HUSBAND OR WIFE <i>None</i>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service) <i>No</i>	16. SOCIAL SECURITY NO.	17. INFORMANT <i>Mr. Billy Garnett Moberly, Mo.</i>	Address
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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 <i>5 mo.</i>
IMMEDIATE CAUSE (a)	<i>Medullary Failure</i>	
CONDITIONS, IF ANY, WHICH GAVE RISE TO ABOVE CAUSE (a), STATING THE UNDERLYING CAUSE LAST.	<i>Paraplegia from level third Thoracic Trauma Auto Accident on 4-8-60</i>	

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <i>Paraplegia following auto accident 4-8-60</i>		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
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19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input checked="" 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.) <i>auto accident</i>
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20c. TIME OF INJURY Hour a.m. p.m. <i>4-8-60</i>	Month, Day, Year
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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, hotel, etc.) <i>4 mi. so. Moberly, Mo.</i>	20f. CITY, TOWN, OR LOCATION <i>4 Mi. So. Moberly Highway 63</i>	COUNTY	STATE
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21. I attended the deceased from <i>6-10-60</i> to <i>6-17-60</i> and last saw her alive on <i>6-17-60</i> Death occurred at <i>2:40 P.M.</i> on the date stated above, and to the best of my knowledge, from the causes stated.
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22a. SIGNATURE (Regree or title) <i>A. Noel Pains D.O.</i>	22b. ADDRESS <i>Moberly, Missouri</i>	22c. DATE SIGNED <i>6-18-60</i>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	23b. DATE <i>Sept 20, 1960</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Sunset Memorial Gardens Moberly, Mo.</i>	23d. LOCATION (City, town, or county) (State)
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24. FUNERAL DIRECTOR <i>Cater Funeral Home Moberly, Mo.</i>	25. DATE RECD. BY LOCAL REG. <i>9-23-1960</i>	26. REGISTRAR'S SIGNATURE <i>Alanna Walters</i>
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(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 Jerry R. Carter

Licensed Embalmer No. 4906

P. O. Address Moberly, Mo.

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.