

MISSOURI - DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-019955

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

294

Primary Registration District No.

3056

Registrar's No.

123

FILED MAY 24 1962

1. PLACE OF DEATH a. COUNTY Randolph		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY Randolph	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Moberly		c. CITY OR TOWN Moberly	
d. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Swetnam Rest Home		e. STREET ADDRESS Swetnam Rest Home	
3. NAME OF DECEASED (Type or print) First Amanda Middle Ann Last Alden		4. DATE OF DEATH Month 5 Day 15 Year 62	
5. SEX female	6. COLOR OR RACE white	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 1/9/1875
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		9b. AGE (last birthday) 87	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	
11a. BIRTHPLACE (City and state or country) Palmyra, Missouri		11b. CITIZEN OF WHAT COUNTRY USA	
12a. FATHER'S NAME Charles H. Alden		12b. MOTHER'S MAIDEN NAME Mary Moore	
13a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		13b. SOCIAL SECURITY NO. none	
14a. NAME OF HUSBAND OR WIFE none		14b. INFORMANT Mrs. Ernest Leathers K.C. Mo.	
15. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Hypertensive Heart Disease DUE TO (b) High Blood Pressure DUE TO (c) yes.		INTERVAL BETWEEN ONSET AND DEATH yes.	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) chronic nephritis		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	
16. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	17a. ACCIDENT SUICIDE HOMICIDE <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	17b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
18. TIME OF INJURY Hour 5:20 a.m. p.m.	19. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) March 17/62 May 15/62		
20. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21. CITY, TOWN, OR LOCATION Moberly, Missouri		
22. I attended the deceased from Death occurred at 5:20 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.		23. DATE SIGNED 5/19/62	
24. SIGNATURE Dr. L. E. Huber MD	25. ADDRESS Moberly, Mo.	26. REGISTRAR'S SIGNATURE Leathers	
27. BURIAL, CREMATION, REMOVAL (Specify) Burial	28. DATE 5/17/62	29. NAME OF CEMETERY OR CREMATORY Oakland Cemetery	30. LOCATION (City, town, or county) Moberly, Missouri
31. FUNERAL DIRECTOR Marion E. Million		32. DATE RECD. BY LOCAL REG. 5-17-62	

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK
OR
TYPEWRITER RIBBON

JUN 4 1962

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 _____

Marion E. Million

Licensed Embalmer No. 3957

P. O. Address Moberly, Missouri

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.