

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 2724 Primary Registration District No. 3052 Registrar's No. 13 STATE FILE NUMBER 0002769

1. PLACE OF DEATH
 a. COUNTY Jettis
 b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Sedalia Length of stay in lb OR TOWN 7 years
 c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 805 W. 7th Inside Limits Yes No

2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission)
 a. STATE Mo. b. COUNTY Jettis c. CITY OR TOWN Sedalia Inside Limits Yes No
 d. STREET ADDRESS (If outside, give location) 805 W. 7th Reside on Farm Yes No

3. NAME OF DECEASED First Ida Middle Mood Last Mood **4. DATE OF DEATH** Month Jan. Day 7 Year 1965

5. SEX female **6. COLOR OR RACE** white **7. Married** **Never Married** **Widowed** **Divorced** **8. DATE OF BIRTH** 3-13-92 **9. AGE (last birthday)** 72 **10. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired) house wife **11. BIRTHPLACE** (City and state or country) Cole Co., Mo **12. CITIZEN OF WHAT COUNTRY** USA

13a. FATHER'S NAME William H. Chambers **13b. MOTHER'S MAIDEN NAME** Rose Boger **14. NAME OF HUSBAND OR WIFE** David Mood

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no **16. SOCIAL SECURITY NO.** none **17. INFORMANT** David Mood - Sedalia, Mo. Address

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
 PART I. DEATH WAS CAUSED BY:
 IMMEDIATE CAUSE (a) Coronary infarction INTERVAL BETWEEN ONSET AND DEATH 2 yrs
 DUE TO (b) Arterio Sclerosis
 DUE TO (c) _____
 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

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.
 Yes No Unknown

19. WAS AUTOPSY PERFORMED? YES NO **20a. ACCIDENT** **SUICIDE** **HOMICIDE** **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 _____ s.m. _____ p.m. _____
20d. INJURY OCCURRED WHILE AT WORK **NOT WHILE AT WORK** **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 April 14, 1965 to Jan 7, 1965 and last saw her alive on January 6, 1965
 Death occurred at 9:40 pm on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Dr. W. Boger M.D. **22b. ADDRESS** Sedalia Mo **22c. DATE SIGNED** 1/7/65

23a. BURIAL, CREMATION, OR REMOVAL (Specify) Buried **23b. DATE** 1-10-65 **23c. NAME OF CEMETERY OR CREMATORY** Centertown Cemetery **23d. LOCATION** (City, town, or county) (State) Centertown, Mo.

24. FUNERAL DIRECTOR Bowlin Funerol Home - California Mo **ADDRESS** _____ **25. DATE RECD. BY LOCAL REG.** Jan 9, 1965 **26. REGISTRAR'S SIGNATURE** Tracy Shelby

VS 300 Rev. 4/59
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 AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
 DATE AMENDED
 INSTEAD OF
 SHOULD READ
 ITEM NO.
 BY AFFIDAVIT OF
 DOCUMENT
 MEDICAL CERTIFICATION
 USE BLACK INK OR TYPEWRITER RIBBON

JAN 14 1965

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 Jack H. Rowlin

Licensed Embalmer No. 4933

P. O. Address California, Mo.

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.