

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **8463**

National Office of Vital Statistics

FILED MAR 18 1948 **128**

Registration District No.

Primary Registration District No. **5461**

Registrar's No.

1. PLACE OF DEATH:

(a) County **Greene**
 (b) City or town **Springfield**
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Route 2, Rogersville, Missouri
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution **None**
(Specify whether)
 In this community **33 yrs.**
(years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Greene**
 (c) City or town **Rogersville**
(If outside city or town limits, write "RURAL")
 (d) Street No. **Route 2**
(If rural, give location)
 (e) Citizen of foreign country? **No** (Yes or No)
 If yes, name country

3. (a) PRINT FULL NAME **William Fred Moriset**

3. (b) If veteran, name war **Unknown** 3. (c) Social Security No. **491-03-0921**

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**
 6. (b) Name of husband or wife **Amanda Moriset** 6. (c) Age of husband or wife if alive years
 7. Birth date of deceased **November 6, 1878**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
69 **3** **6** hr. min.

9. Birthplace **Greene County, Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **Blacksmith**

11. Industry or business

12. Name **John Moriset**
 13. Birthplace **Sparta, Missouri**
(City, town, or county) (State or foreign country)
 14. Maiden name **Rebecca Fulton**
 15. Birthplace **Greene County, Missouri**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Amanda Moriset**
 (b) Address **Rogersville, Missouri**
 17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **2/17/48**
(Month) (Day) (Year)
 (c) Place: burial or cremation **Galloway, Missouri**

18. (a) Signature of funeral director **Gorman-Scharpf Funerals**
 (b) Address **Springfield, Missouri Home**
 19. (a) **Mrs. Frank Smith** (Date received local registrar) (b) **Frank Smith** (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Feb.** day **12**
 year **1948** hour **7** minute **15 a.m.**

21. I hereby certify that I attended the deceased from **No physician in attendance**, 19.....
 that I last saw h..... alive on....., 19.....
 and that death occurred on the date and hour stated above.

Immediate cause of death **Coronary Occlusion**

Due to.....

Due to.....

Other conditions (Include pregnancy within 3 months of death).....

Major findings: Of operations.....

Of autopsy.....

Duration

PHYSICIAN

Underline the cause of which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify).....
 (b) Date of occurrence.....
 (c) Where did injury occur?.....
(City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?.....
(Specify type of place)
 While at work?.....
(e) Means of injury
 23. Signature **Mrs. Frank Smith - Registrar** (M. Registrar)
 Address..... Date signed.....

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A

PRIMARY REGISTER RECORD

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MAR 8 1961

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.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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 this body is not embalmed, fact should be so stated above.