

UNION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 39414
Registration District No. 12 Primary Registration District No. 1000 Registrar's No. 1396

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:
(a) County Buchanan
(b) City or town St. Joseph
(c) Name of hospital or institution: St. Joseph's Hosp.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 hours
In this community 23 years
(Specify whether years, months or days)

3: (a) PRINT FULL NAME Claud Sylvester Moberly
3. (b) If veteran, name war W. W. #1
3. (c) Social Security No. 491-10-5796

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Susie W. Moberly
6. (c) Age of husband or wife if alive 53 years
7. Birth date of deceased July 10 1892
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
✓ 56 5 16 hr. min.

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

10. Usual occupation Carpenter

11. Industry or business Carpenter

MOTHER FATHER
12. Name Sylvester Ernest Moberly
13. Birthplace Unknown Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Minnie Campbell
15. Birthplace Unknown Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Susie Moberly
(b) Address St. Joseph, Mo.

17. (a) Burial (b) Date thereof 12/28/48
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Memorial Park

18. (a) Signature of funeral director Heaton Burman
(b) Address St. Joseph, Mo.

19. (a) 12-30-48 (b) E. G. Jenkins
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Buchanan
(c) City or town St. Joseph
(If outside city or town limits, write "RURAL")
(d) Street No. R. R. #1
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month December day 26
year 1948 hour 6 minute 30 P.M.
21. I hereby certify that I attended the deceased from August 16, 1946, to Dec 26, 1948,
and that death occurred on the date and hour stated above.

that I last saw him alive on Dec 26, 1948
Immediate cause of death Acute Coronary Occlusion
Due to Arteriosclerotic Heart Disease & Hypertension
Due to _____
Other conditions (Include pregnancy within 3 months of death) _____

Major findings:
Of operations _____
Of autopsy 93P

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?
While at work? _____ (Specify type of place)
(e) Means of injury _____
23. Signature Louis B. Needham M. D. _____
Address 902 E. 12th St. Date signed 12/28/48
St. Joseph, Mo.

Duration
PHYSICIAN
Underline the cause to which death should be charged statistically.

1949

JAN 4 1949

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 William Spalding
Licensed Embalmer No. 4535
P. O. Address 319 S. 10th St. Wash.

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.