

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 116

BIRTH NO. _____ REG. DIST. NO. 20 PRIMARY REG. DIST. NO. 5082 Registrar's No. 2

1. PLACE OF DEATH a. COUNTY <u>Bates</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Bates</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural-Grand River Twp.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural-Grand River Twp.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION _____		d. STREET ADDRESS (If rural, give location) _____	

3. NAME OF DECEASED (Type or Print) a. (First) <u>John</u> b. (Middle) <u>Leonard</u> c. (Last) <u>Moles</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 22, 1949</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Mar. 21, 1870</u>	9. AGE (In years last birthday) <u>78</u>	10. MONTH <u>10</u> DAY <u>11</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <u>Clinton, County Kentucky</u>	
12. CITIZEN OF WHAT COUNTRY? <u>A</u>					

13a. FATHER'S NAME <u>Andrew Moles</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Garner</u>		14. NAME OF HUSBAND OR WIFE <u>Mary Viola Moles</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>X</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Clyde Moles, Adrian Mo.</u> ADDRESS _____	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic Myocarditis</u>		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Chronic Generalized</u> DUE TO (c) <u>Arteriosclerosis</u>		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Chronic Nephritis</u>		

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION <u>4221</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR _____
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22. I hereby certify that I attended the deceased from Oct 4, 1948 to Feb 2, 1949, that I last saw the deceased alive on Jan 29, 1949, and that death occurred at 6:20 a.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Carter W. Luster, M.D.</u>	23b. ADDRESS <u>Butler</u>	23c. DATE SIGNED <u>2/5/49</u>
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24a. BURIAL CREMATION-REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>2-4-49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Altova Cemetery East of Union, Mo.</u>	24d. LOCATION (City, town, or county) (State) _____
DATE REC'D BY LOCAL REG. <u>Feb 5-1949</u>	REGISTRAR'S SIGNATURE <u>Mary Owens</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Orville H. S. Adrian Mo.</u>	ADDRESS _____

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

District Health Officer No. 7,

District File Number 14943

Date Filed 2 27 49

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, of by

Fred W. Cravitt, E. S. S.
Student Embalmer No. _____

working under my personal supervision.

Signed Fred W. Cravitt

Signed _____
Student Embalmer

Licensed Embalmer No. 3343

P. O. Address Adrian, MI

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.