

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 2373

FILED FEB 1 1949

BIRTH NO. 154 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 3061 Registrar's No. 33

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

1. PLACE OF DEATH a. COUNTY <u>St. Francois</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>St. Francois</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Flat River, Mo</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Flat River</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION: <u>None</u>		d. STREET ADDRESS (If rural, give location) <u>520 Theodore</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Archambo</u> b. (Middle) <u>Michael</u> c. (Last) <u>Moran</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Jan- 24 1949</u>		
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Mar. 15, 1886</u>	9. AGE (In years last birthday) <u>62</u>	IF UNDER 1 YEAR Days <u>10</u>	IF UNDER 1 HOUR Hours <u>9</u>	IF UNDER 1 MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Hosp. Attendant</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>State Hosp # 4</u>	11. BIRTHPLACE (State or foreign country) <u>Washington, County, Mo</u>	12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>
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13a. FATHER'S NAME <u>David Moran</u>	13b. MOTHER'S MAIDEN NAME <u>Martha Moore</u>	14. NAME OF HUSBAND OR WIFE <u>Alpha Griffard Moran</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or date of service) <u>yes War I</u>	16. SOCIAL SECURITY NO. <u>500-05-1064</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Alpha Moran</u> ADDRESS <u>Flat River, Mo</u>
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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.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>1 wk</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Malaria</u>		
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause. (a) stating the underlying cause last. DUE TO (b) <u>Cardio Vascular renal disease</u> DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		47/21	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from Jan 14, 1949, to Jan 24, 1949, that I last saw the deceased alive on Jan 23, 1949; and that death occurred at 2:30 P.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>C. H. Appleberry, M.D.</u>	23b. ADDRESS <u>Flat River, Mo</u>	23c. DATE SIGNED <u>1-25-49</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Jan 26, 1949</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Woodlawn Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Leadington, Mo</u>
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DATE REC'D BY LOCAL REG. <u>1-26-1949</u>	REGISTRAR'S SIGNATURE <u>Ether Rudolph</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Sparks</u> ADDRESS <u>Flat River, Mo</u>
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RECEIVED

Officer No. 4
149-154
1-31-49

FEB 28 1949

FEB 3 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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Murphy Sparks

Licensed Embalmer No. 4256

P. O. Address: Flat River, 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 this body is not embalmed, fact should be so stated above.