

FILED MAR 9 1949

STANDARD CERTIFICATE OF DEATH

State File No. _____

WRITE PLAINLY—USING BLACK INK—MAKE A PERMANENT RECORD

BIRTH NO. _____ REG. DIST. NO. 32 PRIMARY REG. DIST. NO. 5113 Registrar's No. 17

1. PLACE OF DEATH a. COUNTY <u>BOLLINGER</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>MADISON</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural - Union</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural - St. MICHAEL</u>	
c. LENGTH OF STAY (in this place) <u>4 days</u>		d. STREET ADDRESS (If rural, give location) <u>Route 1, Fredericktown, Mo.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Route #1, Patton, Mo.</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>HENRY</u>		b. (Middle) <u>Juan</u>	
c. (Last) <u>MOYERS</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>FEB. 24 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>June 9, 1871</u>
9. AGE (In years last birthday) <u>77</u>		10. AGE (In years last birthday) <u>8</u>	
11. AGE (In years last birthday) <u>15</u>		12. AGE (In years last birthday) <u>-</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 <u>NONE</u>	
11. BIRTHPLACE (State or foreign country) <u>MADISON County Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13a. FATHER'S NAME <u>MICHAEL MOYERS</u>		13b. MOTHER'S MAIDEN NAME <u>SARAH CHEEK</u>	
14. NAME OF HUSBAND OR WIFE <u>EMMA MOYERS</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>NONE</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>HENRY MOYERS, Fredericktown, 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, asthma, etc. It means the disease, injury, or complication which caused death.			
1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Influenza</u>			INTERVAL BETWEEN ONSET AND DEATH <u>60 or 8 days</u>
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Chronic gall bladder</u>			<u>1075 yrs</u>
DUE TO (c) _____			
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Arterio Sclerosis 5x5x</u>			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
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) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>2/21</u> , 19 <u>49</u> , to <u>2/24</u> , 19 <u>49</u> , that I last saw the deceased alive on _____, 19____, and that death occurred at <u>1:15 P. m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>W. Harry Barron M.D.</u>		23b. ADDRESS <u>Fredericktown</u>	
23c. DATE SIGNED <u>2/26 49</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <u>2-26-49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>PLEASANT VALLEY</u>	24d. LOCATION (City, town, or county) (State) <u>BOLLINGER Co., Mo.</u>
DATE REC'D BY LOCAL REG. <u>Feb. 26 1949</u>	REGISTRAR'S SIGNATURE <u>Willie VanLumbergh</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Sam Sejin, Jr.</u>	
ADDRESS		<u>Fredericktown, Mo.</u>	

RECEIVED

Health Officer No. 4

District File Number 249-38

Date Filed 3-8-49

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, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Sam Sajin, Jr.

Licensed Embalmer No. 4299

P. O. Address Fredericktown, 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.