No. 300
10.48

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

FILED MAY 2 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

13031

State File No.

BIRTH NO. REG. DIST. NO. 184 PRIMARY REG. DIST. NO. 3038 Registrar's No. 165

1. PLACE OF DEATH
a. COUNTY: Linn
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Brookfield
c. LENGTH OF STAY (in this place): 7 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Brookfield

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MO
b. COUNTY: Linn
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Marceline
d. STREET ADDRESS (If rural, give location): E Bisbee

3. NAME OF DECEASED (Type or Print)
a. (First): Martha J
b. (Middle): Jane
c. (Last): Moffitt

4. DATE OF DEATH (Month) (Day) (Year): April 15, 1949

5. SEX: female
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): widowed
8. DATE OF BIRTH: April 8, 1861
9. AGE (In years last birthday): 88 — If under 1 year: Months 0, Days 7; If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Indiana
12. CITIZEN OF WHAT COUNTRY?: USA.

13a. FATHER'S NAME: Hezekiah Johnson
13b. MOTHER'S MAIDEN NAME: Zelphia Unknown
14. NAME OF HUSBAND OR WIFE: James W. Moffitt

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service): no
16. SOCIAL SECURITY NO.: no
17. INFORMANT'S SIGNATURE OR NAME: Milton Hunter
ADDRESS: Marceline, Mo.

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) cerebral appplexy, repeated — INTERVAL BETWEEN ONSET AND DEATH: 3 yrs.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) hypertension and arterio sclerosis.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. static pneumonia — 3 days

3 11

19a. DATE OF OPERATION: none
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): no
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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 3/17, 1949, *to* 4/15/49, 19____, *that I last saw the deceased alive on* 4/15, 19 49 *and that death occurred at* 7:10PM *from the causes and on the date stated above.*

23a. SIGNATURE: John Otis Carr (Degree or title): D.O.
23b. ADDRESS: W. RitchieSt., Marceline
23c. DATE SIGNED: 4/18/49

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: April 18, 1949
24c. NAME OF CEMETERY OR CREMATORY: Winnigan Cemetry
24d. LOCATION (City, town, or county): Winnigan (State): Mo

DATE REC'D BY LOCAL REG.: April 20-1949
REGISTRAR'S SIGNATURE: A. B. Ervin 167
25. FUNERAL DIRECTOR'S SIGNATURE: James M Laughlin
ADDRESS: Marceline, Mo

(Licensed Embalmer's Statement on Reverse Side)

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 Blanche M Laughlin

Licensed Embalmer No. 19019

P. O. Address Marceline M

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.