

FILED MAY 24 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 18412

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 360 PRIMARY REG. DIST. NO. 6229 Registrar's No. 5

1. PLACE OF DEATH a. COUNTY <b>Vernon</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Mo.</b> b. COUNTY <b>Vernon</b>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>rural Lake Twp.</b>		c. LENGTH OF STAY (in this place) <b>50 yrs.</b>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Rural Lake Twp.</b>		3
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>home</b>			d. STREET ADDRESS (If rural, give location) <b>Richards, Mo.</b>		
3. NAME OF DECEASED (Type or Print) a. (First) <b>Henry</b>		b. (Middle) <b>Franklin</b>	c. (Last) <b>Moberly</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>May 18, 1949</b>	
5. SEX <b>male</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>married</b>	8. DATE OF BIRTH <b>2-27-1871</b>	9. AGE (In years last birthday) <b>78</b>	10. UNDER 1 YEAR Months <b>2</b> Days <b>20</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>retired</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Farming</b>	11. BIRTHPLACE (State or foreign country) <b>Holt, Mo.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
13a. FATHER'S NAME <b>unknown</b>		13b. MOTHER'S MAIDEN NAME <b>unknown</b>		14. NAME OF HUSBAND OR WIFE <b>Elizabeth Moberly</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>		16. SOCIAL SECURITY NO. <b>none</b>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mr. M. A. Stevia Nevada Mo.</b>		
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) <b>Cerebral Hemorrhage</b>				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) _____ DUE TO (c) _____				
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. _____				<b>331X</b>
19a. DATE OF OPERATION <b>none</b>		19b. MAJOR FINDINGS OF OPERATION <b>✓</b>			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>Self attack</b>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>Lake Township</b>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>Vernon Mo.</b>		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>✓</b>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <b>✓</b>		
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <b>2 P.M.</b> , from the causes and on the date stated above.					
23a. SIGNATURE <b>W. D. Thurman</b> 3 (Degree or title)			23b. ADDRESS <b>Nevada Missouri</b>		23c. DATE SIGNED <b>5-20-49</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>	24b. DATE <b>5-20-49</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Newton Burial Park</b>	24d. LOCATION (City, town, or county) (State) <b>Nevada, Mo.</b>		
DATE REC'D BY LOCAL REG. <b>May 21, 49</b>		REGISTRAR'S SIGNATURE <b>Kathryn H. Yancey</b>	331	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Marsh Eichinger Nevada Mo.</b>	

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

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 71

District File Number 4-49-571

Date Filed 5-23-49

**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 Marsh Eichinger

Licensed Embalmer No. 2656

P. O. Address Neerady, 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.