

FILED AUG 18 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

27515

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 247 PRIMARY REG. DIST. NO. 4366 Registrar's No. 31

1. PLACE OF DEATH a. COUNTY <u>Newton</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>Newton</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>GRANBY</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>73</u>	
c. LENGTH OF STAY (in this place) <u>YRS.</u>		d. STREET ADDRESS (If rural, give location) <u>10</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION			
3. NAME OF DECEASED (Type or Print) a. (First) <u>CAMMIE</u> b. (Middle) <u>LOU</u> c. (Last) <u>MORELAND</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>8-9-1949</u>
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>6-15-1903</u>
9. AGE (In years last birthday) <u>46</u>		IF UNDER 1 YEAR (Days) (Hours) (Min.) <u>1 24</u>	IF OVER 24 HRS.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>DORA MO. D.</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>		13a. FATHER'S NAME <u>JAMES BENNETT</u>	
13b. MOTHER'S MAIDEN NAME <u>DORIS</u>		14. NAME OF HUSBAND OR WIFE <u>GEORGE MORELAND</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT'S SIGNATURE OR NAME <u>George Moreland</u> ADDRESS <u>Granby Mo.</u>			
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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>mitral insufficiency</u> ANTECEDENT CAUSES DUE TO (b) <u>dropsy</u> <u>andly train has anal.</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS <u>was treated by Dr. Lutz</u> Conditions contributing to the death but not related to the disease or condition causing death. <u>no</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		INTERVAL BETWEEN ONSET AND DEATH <u>Don't know</u>	
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) (Min.)	
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>8.9</u> 1949, to <u>Aug 9</u> , 1949, that I last saw the deceased alive on <u>Aug 8</u> , 1949, and that death occurred at <u>6 P.</u> m., from the causes and on the date stated above.			
23a. SIGNATURE <u>R. E. Ralston</u> (Degree or title) <u>MD</u>		23b. ADDRESS <u>Granby Mo</u>	
23c. DATE SIGNED <u>8.10.49</u>		23d. SIGNATURE	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>Aug 11, 1949</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>GRANBY CEM</u>		24d. LOCATION (City, town, or county) (State) <u>GRANBY - MO</u>	
DATE REC'D BY LOCAL REG. <u>Aug 10, 1949</u>		REGISTRAR'S SIGNATURE <u>M. L. Young</u> <u>225</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Culver - Sheumake</u>		ADDRESS <u>Granby Mo</u>	

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

RECEIVED

District Health Officer No. NEWTON Co. HEALTH UNIT
District File Number 849-139
Date Filed AUG 17 1948

SEP 27 1948

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 Paul D. Hembest

Licensed Embalmer No. 4576

P. O. Address Cassville

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.