No. 300
10-48

FILED SEP 29 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

29174

State File No. .....

BIRTH NO. _____ REG. DIST. NO. 2 PRIMARY REG. DIST. NO. 4009 Registrar's No. 372

1. PLACE OF DEATH
a. COUNTY: Andrew
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Savannah
c. LENGTH OF STAY (in this place): 5 Days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Dr Nichols Sanitorium

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Iowa
b. COUNTY: Buena Vista
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Albert City
d. STREET ADDRESS (If rural, give location): Box 121 Rt. 1

3. NAME OF DECEASED (Type or Print)
a. (First): Alfredia
b. (Middle): W.
c. (Last): Moline

4. DATE OF DEATH (Month) (Day) (Year): 9 18 1949

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 7-29-1881
9. AGE (In years last birthday): 68 — IF UNDER 1 YEAR: Months 1, Days 19 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House Wife
10b. KIND OF BUSINESS OR INDUSTRY: ——
11. BIRTHPLACE (State or foreign country): Alta Iowa
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: August Peterson
13b. MOTHER'S MAIDEN NAME: Johana Johnson
14. NAME OF HUSBAND OR WIFE: C. Axel Moline

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): ——
16. SOCIAL SECURITY NO.: ——
17. INFORMANT'S SIGNATURE OR NAME: Florence Peterson, ADDRESS: Marathon Ia

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): Chronic Myocarditis — INTERVAL BETWEEN ONSET AND DEATH: 2 yrs

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.: 4222

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 9-16, 1949, *to* 9-18, 1949, *that I last saw the deceased alive on* 9-18, 1949, *and that death occurred at* 1:40 p m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): J. C. Ottman M.D.
23b. ADDRESS: Savannah Mo
23c. DATE SIGNED: 9-19-1949

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: 9-19-49
24c. NAME OF CEMETERY OR CREMATORY: Not Known
24d. LOCATION (City, town, or county) (State): Albert City Iowa

DATE REC'D BY LOCAL REG.: 9-19-49
REGISTRAR'S SIGNATURE: Lillian Spark
25. FUNERAL DIRECTOR'S SIGNATURE: Breit Funeral Home
ADDRESS: Savannah Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

MAR 28 1950

SEP 19 1956

RECEIVED
SEP 23 1949
DISTRICT
HEALTH OFFICE
CAMERON, MO.

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 R. Lester Bra

Licensed Embalmer No. 4472

P. O. Address Savannah, 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.