

FILED NOV 2 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 34283

BIRTH NO. _____ REG. DIST. NO. 175 PRIMARY REG. DIST. NO. 3036 Registrar's No. 88

1. PLACE OF DEATH a. COUNTY Lawrence		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Lawrence	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Aurora /		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Aurora 55	
c. LENGTH OF STAY (In this place) 10 yrs		d. STREET ADDRESS (If rural, give location) 919 Oak Street 0	
d. FULL NAME OF HOSPITAL OR INSTITUTION 919 Oak Street		d. STREET ADDRESS (If rural, give location) 919 Oak Street	

3. NAME OF DECEASED (Type or Print) Kathleen Moothart			4. DATE OF DEATH (Month) (Day) (Year) Oct. 21, 1949			
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Oct. 13, 1864	9. AGE (In years last birthday) 85	IF UNDER 1 YEAR Months 8	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) Flora, Illinois		12. CITIZEN OF WHAT COUNTRY? U. S. A.

13a. FATHER'S NAME ? Stater		13b. MOTHER'S MAIDEN NAME not known		14. NAME OF HUSBAND OR WIFE H. M. Moothart	
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. no		17. INFORMANT'S SIGNATURE OR NAME ADDRESS H. M. Moothart, Aurora, Mo.	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION Malignancy of St. Paul's Blood			INTERVAL BETWEEN ONSET AND DEATH 2 years
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Malignancy of St. Paul's Blood		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. # 195X
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) (STATE) ADDITIONAL SUPPLEMENTARY INFORMATION 70111050000	
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 **Jan 1949**, to **Oct 21, 1949**, that I last saw the deceased alive on **Oct-19, 1949**, and that death occurred at **11 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) A.P. Cottie M.O.		23b. ADDRESS Aurora Mo		23c. DATE SIGNED 10/22/49	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Oct. 23-49	24c. NAME OF CEMETERY OR CREMATORY Odd Fellows Cemetery	24d. LOCATION (City, town, or county) (State) Marionville, Mo.
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DATE REC'D BY LOCAL REG. Oct 22-49	REGISTRAR'S SIGNATURE Orin Mc Natt 157	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS W. S. Surrige Marionville Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

Cottie

RECEIVED OCT 27 1949
District Health Office No. 6,
District File Number 1049-1156
Photo Filed 10-31-49

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

Herman Curridge

Licensed Embalmer No. 5072

P. O. Address Merionville, Ind.

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.