

FILED JAN 14 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 40186

BIRTH NO.		REG. DIST. NO. 37	PRIMARY REG. DIST. NO. 4044	Registrar's No. 2
1. PLACE OF DEATH a. COUNTY Boone		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY BOONE		
b. CITY (If outside corporate limits, write RURAL and give town OR TOWN Sturgeon	c. LENGTH OF STAY (in this place)	c. CITY (If outside corporate limits, write RURAL and give township) STURGEON		
d. FULL NAME OF HOSPITAL OR INSTITUTION 1 City		d. STREET ADDRESS (If rural, give location) City		
3. NAME OF DECEASED (Type or Print) a. (First) MARTHA b. (Middle) HITT c. (Last) MOSS		4. DATE OF DEATH (Month) (Day) (Year) Dec 28 - 1949		
5. SEX THE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH Jan 23 - 1863	9. AGE (In years last birthday) 86 IF UNDER 1 YEAR Months 11 Days 5 IF UNDER 4 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY Hump	11. BIRTHPLACE (State or foreign country) Boone Co. Mo	12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME Andrew Jackson Wren		13b. MOTHER'S MAIDEN NAME Annie Elizabeth Witt	14. NAME OF HUSBAND OR WIFE T. D. MOSS	
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 ADDRESS Mrs. C. F. Audrall Moberly 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Respiratory Failure  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. (b) Fracture of Rt Hip.  DUE TO (c)  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH 48 hrs.  60 days.
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		
21a. ACCIDENT (Specify) SUICIDE HOMEFIDE		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) daughter's home	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 721 1/2 W. Coats Moberly Mo.	
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY 11-31-49 9:00 p.m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? Fall 17'	
22. I hereby certify that I attended the deceased from 1946, 19, to 1949, 19, that I last saw the deceased alive on 27 Dec 49, 19, and that death occurred at 5:30 A. m., from the causes and on the date stated above.				
23a. SIGNATURE Of Barrall (Degree or title) N DO		23b. ADDRESS Sturgeon Mo.		23c. DATE SIGNED 1 Jan 50
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE DEC 30 1949	24c. NAME OF CEMETERY OR CREMATORY MT. PISCATAH	24d. LOCATION (City, town, or county) (State) AUDRAIN Co. Mo.	
DATE REC'D BY LOCAL REG. Jan 9 - 1950	REGISTRAR'S SIGNATURE Maud Mc Bride 30	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Barnes & Boothe - Sturgeon - Mo.		

(Licensed Embalmer's Statement on Reverse Side)

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

JAN 17 1950

JAN 10 1950

RECEIVED

District Health Officer No. 9,

District File Number

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.

Signed

*A. E. Boothe*

Signed Student Embalmer

Licensed Embalmer No. 4087

P. O. Address Sturgeon - Me

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to complete the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.