

FILED DEC 29 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

40418  
State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 50 PRIMARY REG. DIST. NO. 4071 Registrar's No. 44

1. PLACE OF DEATH a. COUNTY <u>Camden</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Camden</u>	
b. CITY OR TOWN <u>Camdenton</u> (If outside corporate limits, write RURAL and give township)		c. CITY OR TOWN <u>Camdenton</u> (If outside corporate limits, write RURAL and give township)	
c. LENGTH OF STAY (In this place) <u>life</u>		d. STREET ADDRESS (If rural, give location) <u>Gen Del</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Home-Moulder Hotel</u>			
3. NAME OF DECEASED a. (First) <u>Fred</u> (Type or Print)		b. (Middle) <u>Justin</u> c. (Last) <u>Moulder</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>Dec 18 49</u>			
5. SEX <u>male</u>	6. COLOR OR RACE <u>whit</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>Nov 9 - 1867</u>
9. AGE (In years last birthday) <u>82</u>		IF UNDER 1 YEAR Months <u>7</u> Days <u>2</u>	IF UNDER 24 HRS. Hours <u>0</u> Min. <u>0</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Hotel Operator</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Hotel</u>	11. BIRTHPLACE (State or foreign country) <u>Camden Co. Mo.</u>	12. CITIZEN OF WHAT COUNTRY <u>USA</u>
13a. FATHER'S NAME <u>Thomas Hart Benton Moulder</u>		13b. MOTHER'S MAIDEN NAME <u>Nan Foster</u>	
14. NAME OF HUSBAND OR WIFE <u>Marguerite Hillhouse</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>	16. SOCIAL SECURITY NO. <u>0</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Fred Moulder</u> ADDRESS <u>Camdenton, 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>Chronic aortic Aneurysm</u> ANTECEDENT CAUSES Morbidity 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. <u>592X</u>	
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>none noted</u>		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) (COUNTY) (STATE)	
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 <u>Feb 1948</u> to <u>Dec 18, 1949</u> , that I last saw the deceased alive on <u>Dec 10, 1949</u> , and that death occurred at <u>7 A</u> m., from the causes and on the date stated above.			
23a. SIGNATURE <u>E. C. Carlson, M.D.</u> (Degree or title)		23b. ADDRESS <u>Camdenton Mo</u>	23c. DATE SIGNED <u>12-22-49</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	24b. DATE <u>Dec 20 49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Free house</u>	24d. LOCATION (City, town, or county) (State) <u>Camden Co. Mo.</u>
DATE REC'D BY LOCAL REG. <u>Dec 20-1949</u>	REGISTRAR'S SIGNATURE <u>Zilpha Inaw</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Banksen Woolery</u> ADDRESS <u>Camdenton Mo</u>	

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

RECEIVED

District Health Officer No. 7,

District File Number 11-49-1514

Date Filed 12-28-49

*Handwritten Arabic script*

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 \_\_\_\_\_  
Student Embalmer

Signed Abbie Simpson Woolery

Licensed Embalmer No. 2488

P. O. Address Camden, N.J.

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.