

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED DEC 27 1949

State File No. 40448

BIRTH NO. _____ REG. DIST. NO. 53 PRIMARY REG. DIST. NO. 3010 Registrar's No. 424

1. PLACE OF DEATH a. COUNTY Cape Girardeau		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Cape Girardeau	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Cape Girardeau		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Cape Girardeau	
c. LENGTH OF STAY (in this place) 15 yrs.		d. STREET ADDRESS (If rural, give location) 402 North Pacific Street	
d. FULL NAME OF HOSPITAL OR INSTITUTION 402 North Pacific Street			

3. NAME OF DECEASED (Type or Print) a. (First) HARRY b. (Middle) BARTON c. (Last) MORAN			4. DATE OF DEATH (Month) (Day) (Year) December 15, 1949		
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
8. DATE OF BIRTH January 4, 1891		9. AGE (In years last birthday) 58		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Assistant Sec. and	
11. BIRTHPLACE (State or foreign country) Wellsville, Mo.		12. CITIZEN OF WHAT COUNTRY? U. S.		10b. KIND OF BUSINESS OR INDUSTRY Treasue, Mo. Utilities	

13a. FATHER'S NAME Isaac Newton Moran		13b. MOTHER'S MAIDEN NAME Carrie Bardeman Griffin		14. NAME OF HUSBAND OR WIFE Mrs. Adele Marie Moran	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes World War I		16. SOCIAL SECURITY NO. 490-05-5875		17. INFORMANT'S SIGNATURE OR NAME Mrs. Adele Marie Moran	
				ADDRESS Cape Gir.	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH IMMED.	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Coronary Occlusion		DUE TO (b) Coronary Artery Disease			2 yrs. -	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c)		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Previous coronary occlusion			4201	
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) (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 **15 Dec 1949**, to **15 Dec, 1949**, that I last saw the deceased alive on _____, 19____, and that death occurred at **R P m.**, from the causes and on the date stated above.

23a. SIGNATURE James A. Kinley (Degree or title) M.D.		23b. ADDRESS Cape Girardeau, Mo.		23c. DATE SIGNED 17 Dec. 49	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Dec. 19, 1949		24c. NAME OF CEMETERY OR CREMATORY Mount Lebanon Cem.	
				24d. LOCATION (City, town, or county) (State) St. Louis, Missouri	

DATE REC'D BY LOCAL REG. 12-17-1949		REGISTRAR'S SIGNATURE C. C. Summers		25. FUNERAL DIRECTOR'S SIGNATURE Walters Funeral Home Cape Gir Mo.	
				ADDRESS	

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

JAN 5 1950
JAN 7 1950
JAN 10 1950

RECEIVED 12-19-49

District Health Officer No. 4

District File Number 1249-10

Date Filed.....

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

William Lee Jones

Licensed Embalmer No. 474 10

P. O. Address *Cape Girardeau*

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.