

FILED JAN 3 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 42017

BIRTH NO. _____		REG. DIST. NO. 275		PRIMARY REG. DIST. NO. 5938		Registrar's No. 164			
1. PLACE OF DEATH a. COUNTY Phelps				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Texas				b. COUNTY Harris	
b. CITY (If outside corporate limits, write RURAL and give town) Rural - Arlington		c. LENGTH OF STAY (In this place) In transit		c. CITY (If outside corporate limits, write RURAL and give township) Houston					
d. FULL NAME OF HOSPITAL OR INSTITUTION Highway 66				d. STREET ADDRESS (If rural, give location) 1613 Crawford					
3. NAME OF DECEASED (Type or Print) a. (First) REECE		b. (Middle) JEFFERSON		c. (Last) MORAN		4. DATE OF DEATH (Month) (Day) (Year) Dec. 7, 1949			
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH June 7, 1908		9. AGE (In years last birthday) 41	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Truck driver		10b. KIND OF BUSINESS OR INDUSTRY Trucking		11. BIRTHPLACE (State or foreign country) Louisiana		12. CITIZEN OF WHAT COUNTRY? USA			
13a. FATHER'S NAME Thomas J. Moran		13b. MOTHER'S MAIDEN NAME Ethel Davis		14. NAME OF HUSBAND OR WIFE Mrs. Jeanette Moran					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes		16. SOCIAL SECURITY NO. (If yes, give way or dates of service) W. W. 2		17. INFORMANT'S SIGNATURE OR NAME Mrs. Jeanette Moran		ADDRESS Houston, Texas			
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) Destruction of skull and brain 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.				INTERVAL BETWEEN ONSET AND DEATH Instant E8/66 26	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT (Specify) SUICIDE HOMICIDE Accident		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) U.S. Hi. Way 66		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Arlington...Arlington Phelps Mo.,					
21d. TIME OF INJURY Dec. 7, 1949 6:10P		21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? Motor Truck Wreck - 07 miles					
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased ^{dead} alive on Dec. 7, 1949, and that death occurred at 10 Pm., from the causes and on the date stated above.									
23a. SIGNATURE <i>R. B. Mull</i> Coroner of Phelps County				23b. ADDRESS 508 West 8th St., Rolla Mo.,		23c. DATE SIGNED 12/9/49			
24a. BURIAL, CREMATION-REMOVAL (Specify) Burial		24b. DATE Dec. 11, 1949	24c. NAME OF CEMETERY OR CREMATORY Rogers Cemetery		24d. LOCATION (City, town, or county) (State) Rogers, Texas				
DATE REC'D BY LOCAL REG. 12-19-49		REGISTRAR'S SIGNATURE <i>Nadine L. Stoll</i>		25. FUNERAL DIRECTOR'S SIGNATURE <i>Walter P. Nedra</i>		ADDRESS Heria Mo			

(Licensed Embalmer's Statement on Reverse Side)

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

FEB 21 1950

FEB 28 1950

RECEIVED

Phelps County Health Officer,

County File Number _____

Date Filed 12-30-49

MAR 8 1950

VS MAY 27 1960

VS MAY 27 1960

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 _____

Walter P. Hedges

Student Embalmer No. _____

working under my personal supervision.

Student

Student Embalmer

Signed Walter P. Hedges

Licensed Embalmer No. 4265

P. O. Address Iberia, Missouri

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.