

FILED DEC 21 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

42113

State File No. ....

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

BIRTH NO. _____		REG. DIST. NO. <u>274</u>		PRIMARY REG. DIST. NO. <u>356</u>		Registrar's No. <u>260</u>	
1. PLACE OF DEATH a. COUNTY <u>Randolph</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Randolph</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Moberly</u>		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Moberly</u>		d. STREET ADDRESS (If rural, give location) <u>719 W. Reed St</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>719 W. Reed St</u>				d. STREET ADDRESS (If rural, give location) <u>719 W. Reed St</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Eugene</u> b. (Middle) <u>F</u> c. (Last) <u>Self</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Dec. 9<sup>th</sup> 1949</u>				
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Apr 5<sup>th</sup> 1879</u>	
9. AGE (In years last birthday) <u>70</u>		10. MONTHS <u>8</u>		11. DAYS <u>5</u>		12. IF UNDER 1 YEAR Hours <u>5</u> Mins. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Rtd. U.S. mail Clerk</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <u>Mo</u>		12. CITIZEN OF WHAT COUNTRY? _____	
13a. FATHER'S NAME <u>John Self</u>			13b. MOTHER'S MAIDEN NAME <u>Virginia Fields</u>			14. NAME OF HUSBAND OR WIFE <u>Nora</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>Nora Self</u> ADDRESS <u>Moberly, 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>Coronary Thrombosis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Coronary Sclerosis</u> DUE TO (c) <u>Chronic Myocarditis</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Polyps of the Stomach</u>					INTERVAL BETWEEN ONSET AND DEATH <u>1 month</u> <u>5 yrs</u> <u>5 yrs</u> <u>4 2/3</u>
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____			20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) _____		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>Jan</u> , 19 <u>46</u> to <u>Dec</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>Dec 1</u> , 19 <u>49</u> , and that death occurred at <u>11:15 P.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Willie Moberly M.D.</u> (Degree or title)				23b. ADDRESS <u>Moberly, Mo.</u>		23c. DATE SIGNED <u>12-11-49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Dec 11<sup>th</sup> 1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Oakland</u>		24d. LOCATION (City, town, or county) (State) <u>Moberly Mo</u>	
DATE REC'D BY LOCAL REG. <u>Dec 11-49</u>		REGISTRAR'S SIGNATURE <u>Leah Debraun Jones</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Mahan and Son Moberly</u>		ADDRESS _____	

JAN 11 1950

DEC 19 1949

RECEIVED

DEC 19 1949

District Health Officer No. 10

District File Number 12-49-211

Date Filed DEC 19 1949

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.....

working under my personal supervision.

Student Embalmer No.....

Signed Frank D. DeWitt

Signed.....  
Student Embalmer

Licensed Embalmer No. 3021

P. O. Address. Moberly, Mo.

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.