

FILED NOV 15 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **44050**

0232  
1949

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 82 PRIMARY REG. DIST. NO. 3017 Registrar's No. 110

1. PLACE OF DEATH a. COUNTY <u>Cooper</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Randolph, Mo.</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Boonville</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Blyton Hill Mo</u>	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) <u>Gen Del or Route</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St Joseph Hospital</u>			
3. NAME OF DECEASED a. (First) <u>Sarah</u> b. (Middle) <u>L</u> c. (Last) <u>Moulder</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Oct 10 1949</u>	
5. SEX <u>Single</u>	6. COLOR OR RACE <u>Wh</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>	8. DATE OF BIRTH <u>25/11/83</u>
9. AGE (In years last birthday) <u>63</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 1 HRS. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <u>housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>own home</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>John B Harold</u>	13b. MOTHER'S MAIDEN NAME <u>Maluda Shipman</u>	14. NAME OF HUSBAND OR WIFE: <u>Luke J Moulder</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. <u>no</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Hospital Records</u> ADDRESS <u>Boonville 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>Cerebral Haemorrhage</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertension</u> DUE TO (c) <u>arteriosclerosis</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
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) _____	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>oct 9</u> , 19 <u>49</u> , to <u>oct 10</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>oct 10</u> , 19 <u>50</u> , and that death occurred at <u>7:20 p m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>L. A. Reuberlain M.D.</u>		23b. ADDRESS <u>New Franklin Mo</u>	23c. DATE SIGNED <u>11-13-50</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal to Burial</u>	24b. DATE <u>Oct 12-49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Rosch</u>	24d. LOCATION (City, town, or county) <u>Camden Co, Camden Mo</u>
DATE REC'D BY LOCAL REG. <u>11-13-50</u>	REGISTRAR'S SIGNATURE <u>D. Hooper 381</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Banksen-Woolery</u> ADDRESS <u>Camden Mo</u>	

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

**RECEIVED** 11/14/50  
DISTRICT HEALTH OFFICE No. 3

District File Number \_\_\_\_\_

Date Filed 11-14-50

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**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 Dorsey M. Howe

Licensed Embalmer No. 4222

P. O. Address Lebanon, 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.