

STANDARD CERTIFICATE OF DEATH

FILED APR 1 1950

State File No. 7745

BIRTH NO. _____		REG. DIST. NO. <u>42</u>		PRIMARY REG. DIST. NO. <u>1000</u>		Registrar's No. <u>366</u>		
1. PLACE OF DEATH a. COUNTY <u>Buchanan</u>				2. USUAL RESIDENCE (Where deceased lived, & if institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Nodaway</u>				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Joseph</u>		c. LENGTH OF STAY (In this place) <u>3 WKS.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Barnard</u>		d. STREET ADDRESS (If rural, give location) <u>none</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1119 - 5th Ave.</u>								
3. NAME OF DECEASED (Type or Print) <u>JOHN HENRY MOBERLY</u>			a. (First) <u>JOHN</u>			b. (Middle) <u>HENRY</u>		
c. (Last) <u>MOBERLY</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>3 23 50</u>					
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>2/8/74</u>		
9. AGE (In years last birthday) <u>76</u>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 1 HR. Hours _____ Min. _____				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Carpenter - retired</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Self</u>			11. BIRTHPLACE (State or foreign country) <u>Pickering, Missouri</u>		
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>			13a. FATHER'S NAME <u>David Henry Moberly</u>		13b. MOTHER'S MAIDEN NAME <u>Martha Ann Wakefield</u>			
14. NAME OF HUSBAND OR WIFE <u>dec. Della Jane Litz Moberly</u>			15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>✓ ✓</u>			
17. INFORMANT'S SIGNATURE OR NAME <u>Cecil Moberly, St. Joseph, Mo.</u>			17. ADDRESS <u>St. Joseph, Mo.</u>					
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hemiplegia Right</u> ANTECEDENT CAUSES <u>Myocardial Infarct Right Anterior</u> 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. <u>4201</u>					INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u> <u>13 days</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>8 March, 1950</u> , to <u>March 23, 1950</u> , that I last saw the deceased alive on <u>21 March 1950</u> and that death occurred at <u>12:45 A.M.</u> , from the causes and on the date stated above.								
23a. SIGNATURE <u>C. W. Jenkins</u> (Degree or title) <u>MO</u>				23b. ADDRESS <u>Tootle Bldg., St. Joseph, Mo.</u>		23c. DATE SIGNED <u>24 March 50</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>3/25/50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Barnard</u>		24d. LOCATION (City, town, or county) (State) <u>Barnard, Missouri</u>		
DATE REC'D BY LOCAL REG. <u>Mar 25, 1950</u>		REGISTRAR'S SIGNATURE <u>E. G. Jenkins</u> <u>382</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Price Funeral Home, Maryville, Mo.</u>				

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

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 Clem M. Price

Licensed Embalmer No. 1822

P. O. Address Mayfield, 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.