

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **9703**

BIRTH NO. _____ REG. DIST. NO. **227** PRIMARY REG. DIST. NO. **4335** Registrar's No. **13**

1. PLACE OF DEATH a. COUNTY MONROE			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death) a. STATE MISSOURI b. COUNTY MONROE		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN PARIS		c. LENGTH OF STAY (in this place) 5 YRS.	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN PARIS		0690
d. FULL NAME OF HOSPITAL OR INSTITUTION 220 E. MARION ST			d. STREET ADDRESS (If rural, give location) 220 E. MARION ST.		

3. NAME OF DECEASED (Type or Print) a. (First) WALTER b. (Middle) CLAY c. (Last) MOBERLY			4. DATE OF DEATH (Month) (Day) (Year) MAR. 17, 1950		
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5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH MAR. 17, 1885	9. AGE (In years last birthday) (Months) (Days) (Hours) (Min.) 65 0 0	IF UNDER 1 YEAR: Days	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) OFFICE MGR.		10b. KIND OF BUSINESS OR INDUSTRY PUMPING & HEATING	11. BIRTHPLACE (State or foreign country) MONROE Co., Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME HENRY C. MOBERLY		13b. MOTHER'S MAIDEN NAME ELIZABETH MAXEY		14. NAME OF HUSBAND OR WIFE OLETA MOBERLY	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. 494-07-4210	17. INFORMANT'S SIGNATURE OR NAME ADDRESS OLETA MOBERLY, PARIS, MO.		
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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) Coronary Thrombosis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerosis DUE TO (c)				INTERVAL BETWEEN ONSET AND DEATH 10/15/50 3/12/50 12/2
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				4921

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
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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) Sum Monmouth Mo	
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)			21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **Mar 15, 1950**, to **Mar 17, 1950**, that I last saw the deceased alive on **Mar 17, 1950**, and that death occurred at **10:30 p. m.**, from the causes and on the date stated above.

23a. SIGNATURE (Name or title) Dr. M. H. ...		23b. ADDRESS PARIS, MO.		23c. DATE SIGNED 3-18-50	
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE MAR. 19, 1950	24c. NAME OF CEMETERY OR CREMATORY SUNSET HILL	24d. LOCATION (City, town, or county) (State) MADISON, MO.		
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DATE REC'D BY LOCAL REG. 3-19-50	REGISTRAR'S SIGNATURE J. R. Barner, MOD.		435	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Speed & Blakely, PARIS, MO.	
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(Licensed Embalmer's State Seat on Reverse Side)

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

5. No. 300
v. 10.48

46-2

APR 3 1950

RECEIVED MAR 28 1950
District Health Officer No.
District File Number 3-20-5
Date Filed MAR 28 1950

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.

Signed E. H. Agnew.....

Signed.....
Student Embalmer

Licensed Embalmer No. 4000.....

P. O. Address Paris, 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.