

FILED MAY 18 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

15762

State File No. _____

BIRTH NO. _____		REG. DIST. NO. <u>1</u>		PRIMARY REG. DIST. NO. <u>5003</u>		Registrar's No. <u>1243</u>	
1. PLACE OF DEATH a. COUNTY Adair				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Adair			
b. CITY (If outside corporate limits, write RURAL and give OR TOWN Rural--Morrow Twp.)		c. LENGTH OF STAY (in this place) 31 yrs.		c. CITY (If outside corporate limits, write RURAL and give township) Rural--Morrow Twp.		d. STREET ADDRESS (If rural, give location) 2 1/2 miles N.E. Green Castle	
d. FULL NAME OF HOSPITAL OR INSTITUTION R.F.D. #1 Green Castle							
3. NAME OF DECEASED (Type or Print) a. (First) Orvel b. (Middle) Walter c. (Last) Moots			4. DATE OF DEATH (Month) (Day) (Year) May 3, 1950				
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH August 16, 1885	
9. AGE (In years last birthday) 64		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) Farmer			10b. KIND OF BUSINESS OR INDUSTRY General Farming		11. BIRTHPLACE (State or foreign country) Montana		12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME Henry Moots			13b. MOTHER'S MAIDEN NAME Amanda Walters			14. NAME OF HUSBAND OR WIFE Rose Zetta Moots	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. (If yes, give war or dates of service) None		17. INFORMANT'S SIGNATURE OR NAME Reta Higgins, Green City, Mo. ADDRESS _____			
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Endocarditis 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 Sudden					
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) m.		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>3-15-</u> 19 <u>49</u> , to <u>5-2-</u> 19 <u>50</u> , that I last saw the deceased alive on <u>4-14</u> , 19 <u>50</u> , and that death occurred at <u>9:30 A.</u> m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree of title) Dr. E. F. Pfeiffer			23b. ADDRESS 2 Green City, Mo.			23c. DATE SIGNED 5-4-50	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE May 5, 1950		24c. NAME OF CEMETERY OR CREMATORY Green Castle Cemetery		24d. LOCATION (City, town, or county) (State) Green Castle, Mo.	
DATE REC'D BY LOCAL REG. 5-8-50		REGISTRAR'S SIGNATURE Reta Lambert		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Glenn E. Hartman, Green City, Mo.			

(Licensed Embalmer's Statement on Reverse Side)

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

AUG 6 1950

MAY 16 1950

RECEIVED

Sanitary Health Officer No. 10

Sanitary File Number 5-50-840

Also Filed

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 Karl R. Kent

Licensed Embalmer No. 4689

P. O. Address Green City, 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.