

FILED JUN 14 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 17177

17177

BIRTH NO. _____ REG. DIST. NO. 157 PRIMARY REG. DIST. NO. 5524 Registrar's No. 106

1. PLACE OF DEATH a. COUNTY Jasper		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jasper	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Avilla		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Avilla	
c. LENGTH OF STAY (in this place) 18 yrs		0490	
d. FULL NAME OF HOSPITAL OR INSTITUTION Avilla, Mo.		d. STREET ADDRESS (If rural, give location) ----- 0	

3. NAME OF DECEASED (Type or Print) a. (First) MARY		b. (Middle) ETHEL		c. (Last) MOYER		4. DATE OF DEATH (Month) (Day) (Year) June 5, 1950									
5. SEX female		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 2		8. DATE OF BIRTH November 2, 1880		9. AGE (In years last birthday) 69		IF UNDER 1 YEAR Months 7		IF UNDER 4 HRS. Hours 3		Min. 1	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) retired housewife				10b. KIND OF BUSINESS OR INDUSTRY at home		11. BIRTHPLACE (State or foreign country) Independence, Kansas				12. CITIZEN OF WHAT COUNTRY? USA					

13a. FATHER'S NAME Gourley		13b. MOTHER'S MAIDEN NAME unknown		14. NAME OF HUSBAND OR WIFE Samuel M. Moyer			
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 AND ADDRESS Merle Moyer, Avilla, Mo.			

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 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) coronary occlusion						INTERVAL BETWEEN ONSET AND DEATH	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) acute indigestion						24 hrs	
		DUE TO (c) diabetes						11/20/50	
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) 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 June 4, 1950 to June 5, 1950, that I last saw the deceased alive on June 4, 1950, and that death occurred at app 3:00am, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) George N Bragdon MD		23b. ADDRESS Reeds, Mo		23c. DATE SIGNED 6-5-50	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE June 8, 1950		24c. NAME OF CEMETERY OR CREMATORY A villa, Cemetery	
				24d. LOCATION (City, town, or county) (State) Avilla, Mo.	
DATE REC'D BY LOCAL REG. 6/7/50		REGISTRAR'S SIGNATURE L. B. Clinton MD		25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS Knell Mortuary Carthage, Mo.	

Per. H. Ferguson, Licensed Embalmer's Statement on Reverse Side)

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

0490

RECEIVED 6-12-50

Jasper County Health Office

County File Number 50-6-457

Date Filed 6-12-50

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 Frank W. Knell

Licensed Embalmer No. 4440

P. O. Address Carthage

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.