S. No. 300
V. 10.48

0210
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

FILED SEP 28 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

29754

State File No.

BIRTH NO. REG. DIST. NO. 64 PRIMARY REG. DIST. NO. 4109 Registrar's No. 56

1. PLACE OF DEATH
a. COUNTY: CHARITON
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): KEYTESVILLE
c. LENGTH OF STAY (In this place): ALL-HIS-LIFE
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 214 NORTH ST.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MO
b. COUNTY: CHARITON
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): KEYTESVILLE MO. 0210
d. STREET ADDRESS (If rural, give location): 247 NORTH ST.

3. NAME OF DECEASED (Type or Print)
a. (First): JOHN
b. (Middle): RICHARD
c. (Last): MOORMAN

4. DATE OF DEATH (Month) (Day) (Year): SEPT. 16 1950

5. SEX: MALE
6. COLOR OR RACE: BLACK
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): WIDOWED
8. DATE OF BIRTH: APRIL 12 1866
9. AGE (In years last birthday): 84 — If under 1 year: Months 6, Days 4; If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): JANITOR
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): KEYTESVILLE MO
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: ARRON MOORMAN
13b. MOTHER'S MAIDEN NAME: ISABELL MOORE
14. NAME OF HUSBAND OR WIFE: ANNA MOORMAN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: NONE
17. INFORMANT'S SIGNATURE OR NAME: JULIA MOORMAN — **ADDRESS**: KEYTESVILLE

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Chronic myocarditis — Interval between onset and death: Don't know

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Senility
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: 4222

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* July 16, 1950 *to* Sept 16, 1950, *that I last saw the deceased alive on* Sept 16, 1950, *and that death occurred at* 9:20 m., *from the causes and on the date stated above.*

23a. SIGNATURE: Earl C. Heyer — (Degree or title): M.D.
23b. ADDRESS: Keytesville Mo
23c. DATE SIGNED: 9/20/50

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: SEPT. 19. 1950
24c. NAME OF CEMETERY OR CREMATORY: CITY CEMETERY
24d. LOCATION (City, town, or county) (State): KEYTESVILLE MO.

DATE REC'D BY LOCAL REG.: 9/20/50
REGISTRAR'S SIGNATURE: [illegible] 55
25. FUNERAL DIRECTOR'S SIGNATURE — **ADDRESS**: Hyde & Garrett Keytesville Mo

(Licensed Embalmer's Statement on Reverse Side)

Date Received: SEP 25 1950
DISTRICT HEALTH OFFICE #2
District File Number 9-50-15
Date Filed: SEP 27 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.

Student .....
Student Embalmer

Signed Lilburn K. Tilghman

Licensed Embalmer No. 4508

P. O. Address Salisbury, Md.

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.