

FILED OCT 13 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 31472

BIRTH NO. 124		REG. DIST. NO. 316		PRIMARY REG. DIST. NO. 3059		Registrar's No. 326	
1. PLACE OF DEATH a. COUNTY <u>St. Francois</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>St. Francois</u>			
b. CITY OR TOWN <u>Boone Grove</u>		c. LENGTH OF STAY (in this place) <u>2 Da.</u>		c. CITY OR TOWN <u>Elvins</u>		0941	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Boone Grove Hospital</u>				d. STREET ADDRESS (If rural, give location)			
3. NAME OF DECEASED (Type or Print) <u>Isabelle</u>			a. (First) <u>Isabelle</u>			b. (Middle) <u>MORAN</u>	
c. (Last) <u>MORAN</u>			4. DATE OF DEATH <u>Oct. 2, 1950</u>		(Month) (Day) (Year)		
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>Mar. 17, 1863</u>	
9. AGE (In years last birthday) <u>87</u>		10. MONTHS <u>6</u>		11. HOURS <u>14</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>				10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Ill.</u>	
13a. FATHER'S NAME <u>John Belderback</u>			13b. MOTHER'S MAIDEN NAME <u>Isabelle Johnson</u>			14. NAME OF HUSBAND OR WIFE <u>William Moran</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no.</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Hatley Moran</u> ADDRESS <u>Ferndale, Mich.</u>			
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) <u>Cerebral Hemorrhage (Basal)</u> INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u> ANTECEDENT CAUSES DUE TO (b) <u>arterial Hypertension</u> DUE TO (c) <u>arterio-sclerosis generalized</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>✓</u> <u>331X</u>					
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) (Minute)		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>Sept 29, 1950</u> , to <u>Sept 30, 1950</u> , that I last saw the deceased alive on <u>Oct 1, 1950</u> , and that death occurred at <u>6:49 A</u> m., from the causes and on the date stated above.							
23a. SIGNATURE <u>Paul L. Jones MD</u> (Degree or title)				23b. ADDRESS <u>12 Wood Drive Flat River, Mo</u>		23c. DATE SIGNED <u>Oct 2 1950</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Oct. 4, 1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Lebanonville Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Lebanonville Mo</u>	
DATE REC'D BY LOCAL REG. <u>Oct 5, 1950</u>		REGISTRAR'S SIGNATURE <u>Esther Rudolph</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Raymond Caldwell</u> ADDRESS <u>Flat River, Mo</u>			

RECEIVED

OCT - 3 1950

DISTRICT HEALTH OFFICE No. 4

File No.

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 _____

working under my personal supervision.

Student Embalmer No.

Signed

R. Caldwell

Signed.....
Student Embalmer

Licensed Embalmer No. 2531

P. O. Address Flat River 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.