

FILED DEC 11 1950

STANDARD CERTIFICATE OF DEATH

State File No. 36284

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 5127 Registrar's No. 1362

1. PLACE OF DEATH  
a. COUNTY Buchanan  
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN JACKSON - Rural  
c. LENGTH OF STAY (in this place) Life  
d. FULL NAME OF HOSPITAL OR INSTITUTION RR DEARBORN, Mo.

2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission)  
a. STATE Missouri b. COUNTY Buchanan  
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural - JACKSON 0110  
d. STREET ADDRESS (If rural, give location) R.R. DEARBORN, Mo.

3. NAME OF DECEASED  
(Type or Print) a. (First) Julie b. (Middle) ANN c. (Last) SINGER

4. DATE OF DEATH (Month) (Day) (Year) 11 - 18 - 1950

5. SEX Female / WHITE  
6. COLOR OR RACE WHITE

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED 2

8. DATE OF BIRTH 9-30-1970

9. AGE (In years last birthday) 80  
IF UNDER 1 YEAR Months Days  
IF UNDER 1 HR. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEKEEPING

10b. KIND OF BUSINESS OR INDUSTRY HOME

11. BIRTHPLACE (State or foreign country) Buchanan Co., Mo.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Lucius Moyer

13b. MOTHER'S MAIDEN NAME Eliza Ann Sneed

14. NAME OF HUSBAND OR WIFE

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. NONE

17. INFORMANT'S SIGNATURE OR NAME ADDRESS Thomas H. Singer, Dearborn, 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, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) Acute Myocarditis  
ANTECEDENT CAUSES  
Morbid conditions, if any, giving rise to the above cause (a), stating the underlying cause last.  
DUE TO (b) Muscular Rheumatism  
DUE TO (c) Age  
II. OTHER SIGNIFICANT CONDITIONS  
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH 3 days  
431X

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)

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 Nov 16, 1950, to Nov 18, 1950, that I last saw the deceased alive on Nov 18, 1950, and that death occurred at 11:30 p.m., from the causes and on the date stated above.

23a. SIGNATURE W. H. Moore (Degree or title)

23b. ADDRESS Dearborn Mo

23c. DATE SIGNED Nov 18 1950

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE 11/21/50

24c. NAME OF CEMETERY OR CREMATORY Old Frame Cemetery

24d. LOCATION (City, town, or county) (State) DEARBORN, Mo.

DATE REC'D BY LOCAL REG. Dec 6, 1950

REGISTRAR'S SIGNATURE Carl C. Casper

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Rollins - Nash, Edgerton, Mo.

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

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 \_\_\_\_\_

*personally*  
working under my personal supervision.

Student Embalmer No. \_\_\_\_\_

Student .....  
Student Embalmer

Signed *Vivian R. Zuck*

Licensed Embalmer No. *3947*

P. O. Address *Edgerton 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.