

FILED JAN 11 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

704

State File No.

BIRTH NO. _____ REG. DIST. NO. 100 PRIMARY REG. DIST. NO. 3018 Registrar's No. 3

0331

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

1. PLACE OF DEATH a. COUNTY <u>Dent</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Shannon</u>	
b. CITY (If outside corporate limits, write RURAL and give town) <u>Salem, Mo</u>	c. LENGTH OF STAY (in this place township) <u>5 Weeks</u>	c. CITY (If outside corporate limits, write RURAL and give township) <u>Eminence</u> <u>1010</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Hart Clinic</u>		d. STREET ADDRESS (If rural: give location) <u>1724</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Dwight</u> b. (Middle) <u>Henry</u> c. (Last) <u>Moyer</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Jan. 5, 1951</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Dec. 19, 1865</u>	9. AGE (In years last birthday) <u>85</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Hdwe. Merchant</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Hardware</u>	11. BIRTHPLACE (State or foreign country) <u>Arlington, Iowa /</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Henry Moyer</u>	13b. MOTHER'S MAIDEN NAME <u>Caroline Zoller</u>	14. NAME OF HUSBAND OR WIFE <u>Margaret A. Moyer</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>	16. SOCIAL SECURITY NO. <u>Unknown</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Harley Moyer</u>	ADDRESS <u>Eminence Mo.</u>
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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		INTERVAL BETWEEN ONSET AND DEATH <u>4200</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Arteriosclerotic Heart disease</u>		
	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.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from 12-14, 1950, to 1-3, 1951 that I last saw the deceased alive on 1-2, 1951, and that death occurred at 11:10 p. m., from the causes and on the date stated above.

23a. SIGNATURE <u>[Signature]</u> (Degree or title)	23b. ADDRESS <u>Salem Mo</u>	23c. DATE SIGNED <u>1-4-51</u>
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24a. BURIAL: CREMATION, REMOVAL (Specify) <u>removal</u>	24b. DATE <u>Jan. 5, 1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Taylorville Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Arlington, Iowa</u>
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DATE REC'D BY LOCAL REG. <u>1-4-51</u>	REGISTRAR'S SIGNATURE <u>[Signature]</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u>	ADDRESS <u>Salem, Mo</u>
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File No. _____
DISTRICT HEALTH OFFICE No. 4

JAN 8 1951
RECEIVED

JAN 27 1951

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 *Marshall C. Blackwell*

Licensed Embalmer No. *4713*

P. O. Address *Salem, 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.