

FILED JAN 22 1951 STANDARD CERTIFICATE OF DEATH

State File No. 3649

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 375 PRIMARY REG. DIST. NO. 4551 Registrar's No. 3

1. PLACE OF DEATH a. COUNTY <u>Wright</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Wright</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Hartville</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Hartville,</u> 1140	
c. LENGTH OF STAY (in this place) <u>68 Yrs</u>		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Thomas</u>	b. (Middle) <u>Jefferson</u>	c. (Last) <u>Moreland</u>	4. DATE OF DEATH (Month) (Day) (Year)
				<u>1</u> <u>16</u> <u>1951</u>

5. SEX <u>M</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Divorced</u>	8. DATE OF BIRTH <u>11-4-1882</u>	9. AGE (In years last birthday) <u>68</u>	IF UNDER 1 YEAR Months <u>2</u> Days <u>12</u>	IF UNDER 24 HRS. Hours <u></u> Min. <u></u>
-----------------	-------------------------------	--	-----------------------------------	---	--	---

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Laborer</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Hartville, Mo</u>	12. CITIZEN OF WHAT COUNTRY? <u>U S A</u>
--	-----------------------------------	--	---

13a. FATHER'S NAME <u>Frances Moreland</u>	13b. MOTHER'S MAIDEN NAME <u>Sarah Coday</u>	14. NAME OF HUSBAND OR WIFE <u>Alma Moreland</u>
--	--	--

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>none</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Rosa Hensley Hartville, Missouri</u>	ADDRESS
--	-------------------------------------	---	---------

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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic Dysentary</u>		<u>5 months</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 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 Sept 1, 1950, to Jan 16, 1951, that I last saw the deceased alive on Jan 15, 1951, and that death occurred at 5:55P m., from the causes and on the date stated above.

23a. SIGNATURE <u>J.R. Matt M. D. Hartville Mo</u> (Degree or title)	23b. ADDRESS <u>Hartville Mo</u>	23c. DATE SIGNED <u>1-18-51</u>
--	----------------------------------	---------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>1-18-1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Wolf Creek Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Wright County</u>
---	----------------------------	---	--

DATE REC'D BY LOCAL REG. <u>1-20-51</u>	REGISTRAR'S SIGNATURE <u>E. J. Garner</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Gene E. Holden</u> ADDRESS <u>Hartville, Mo</u>
---	---	---

No. 300 10-48  
WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

HEALTH DEPT.  
County License Number 151-4  
Date filed Jan. 29, 1921

**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 Gene E. Haldren

Licensed Embalmer No. 3865

P. O. Address Hasterville, 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.