

FILED MAR 3 1951 STANDARD CERTIFICATE OF DEATH

State File No. 3879

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 214

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Buchanan	
b. CITY (If outside corporate limits, write RURAL and give town) St. Joseph		c. CITY (If outside corporate limits, write RURAL and give township) St. Joseph	
d. FULL NAME OF HOSPITAL OR INSTITUTION Missouri Methodist Hospital		d. STREET ADDRESS (If rural, give location) 417 Dolman Street	

3. NAME OF DECEASED (Type or Print) a. (First) Newton	b. (Middle) J.	c. (Last) Moats	4. DATE OF DEATH (Month) (Day) (Year) February 24, 1951
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH October 1, 1856	9. AGE (In years last birthday) 94	IF UNDER 1 YEAR Months	IF UNDER 12 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ret. Minister	10b. KIND OF BUSINESS OR INDUSTRY Methodist Ch.	11. BIRTHPLACE (State or foreign country) Fairfield, Iowa.	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME John Moats	13b. MOTHER'S MAIDEN NAME Eunice Holland	14. NAME OF HUSBAND OR WIFE Olive Sale Moats
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give year or dates of service) NO	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS Olive S. Moats St. Joseph, Mo.
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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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Congestive heart failure		INTERVAL BETWEEN ONSET AND DEATH 6 mo 15 yrs 10 yrs 4 yrs
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerosis		
	DUE TO (c) Coronary artery disease		
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 checked="" 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) (m.)	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 12/21/50, 19__, to 2/24/51, 19__, that I last saw the deceased alive on 2/24/51, 19__, and that death occurred at 4:30P m., from the causes and on the date stated above.

22a. SIGNATURE <i>H. Carmler</i> (Degree or title) M.D.	22b. ADDRESS 902 Edward St.	22c. DATE SIGNED 2/26/51
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Feb. 27, 1951	24c. NAME OF CEMETERY OR CREMATORY Memorial Park Cem.	24d. LOCATION (City, town, or county) (State) St. Joseph, Missouri.
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DATE REC'D BY LOCAL REG. Feb 28, 1951	REGISTRAR'S SIGNATURE 444 Carl C. Costello	25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS Walter Meierhoffer St. Joseph, Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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0117
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MAR 31 1957

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 *Raymond W. Overbeek*

Signed.....** ** ** **
Student Embalmer

Licensed Embalmer No.4413 Missouri.

P. O. Address St. Joseph, Missouri

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.