

FILED FEB 27 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 5768

BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 3060 Registrar's No. 52

0941

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

1. PLACE OF DEATH a. COUNTY ST. FRANCOIS		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY ST. FRANCOIS	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN FARMINGTON		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN FARMINGTON	
d. FULL NAME OF HOSPITAL OR INSTITUTION 115 S. CARLETON		d. STREET ADDRESS (If rural, give location) 115 S. CARLETON	

3. NAME OF DECEASED (Type or Print) a. (First) GEORGE b. (Middle) EMMETT c. (Last) MORANVILLE			4. DATE OF DEATH (Month) (Day) (Year) FEB. 10, 1951		
5. SEX MALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	
8. DATE OF BIRTH SEPT. 12, 1888			9. AGE (In years if under 1 year: last birthday) Months Days of under 12 hrs. 62 4 28		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) BLACKSMITH			10b. KIND OF BUSINESS OR INDUSTRY		
11. BIRTHPLACE (State or foreign country) SILVER LAKE, MO.				12. CITIZEN OF WHAT COUNTRY? U.S.	

13a. FATHER'S NAME: THOMAS MORANVILLE		13b. MOTHER'S MAIDEN NAME: ELLA MCBRIDE		14. NAME OF HUSBAND OR WIFE: LAURA MORANVILLE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO. NONE		17. INFORMANT'S SIGNATURE OR NAME ADDRESS: LAURA MORANVILLE Farmington, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of Colon			INTERVAL BETWEEN ONSET AND DEATH 1 Year
		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)			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 11-10, 1950, to 2-9, 1951, that I last saw the deceased alive on 2-9, 1951, and that death occurred at 12 P m., from the causes and on the date stated above.

23a. SIGNATURE H. Knotts, MD (Degree or title)		23b. ADDRESS Med Arts Bldg, Farmington, Mo		23c. DATE SIGNED 2-12-51	
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE FEB. 12, 1951		24c. NAME OF CEMETERY OR CREMATORY CALVARY		24d. LOCATION (City, town, or county) (State) FARMINGTON, MO	
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DATE REC'D BY LOCAL REG. Feb 12, 1951		REGISTRAR'S SIGNATURE Ether K... 299		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS MILLER FUNERAL HOME FARMINGTON, MO	
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File No. _____
DISTRICT HEALTH OFFICE No. 4

FEB 19 1951

RECEIVED

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 Paul K. Dwyer

Licensed Embalmer No. 4120

P. O. Address Farmington, N.H.

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.