

FILED SEP 18 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

29730

State File No.

BIRTH NO. REG. DIST. NO. 59 PRIMARY REG. DIST. NO. 5233 Registrar's No. 112

1. PLACE OF DEATH a. COUNTY <u>Cass</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Cass</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>W. Dolan Rural</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural W. Dolan</u>	
c. LENGTH OF STAY (In this place) <u>37 years</u>		d. STREET ADDRESS (If rural, give location) <u>4 1/2 mile North 1/2 mile West Weathline Mo.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>In Home</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>NORA</u>	b. (Middle) <u>MAE</u>	c. (Last) <u>MOUL</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Sept - 3 - 1951</u>
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5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>Sept. 16 - 1894</u>	9. AGE (In years last birthday) <u>57</u>	IF UNDER 1 YEAR Months Days Hours Min.	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>House Work</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>House wife</u>	11. BIRTHPLACE (State or foreign country) <u>Wilford mo. Barton co. O</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Jasper Huckaby</u>	13b. MOTHER'S MAIDEN NAME <u>Charity Matilda Cline</u>	14. NAME OF HUSBAND OR WIFE <u>Albert Austin Moul</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>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Ernest A. Moul</u>	ADDRESS <u>Amsterdam 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>36 hours</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hypostatic lobar pneumonia</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause. (a) stating the underlying cause last. DUE TO (b) <u>Cerebral Hemorrhage</u>		
DUE TO (c) <u>Gangrene of left leg</u>			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Gangrene of left leg</u>		5 Days	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>490X</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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 Dec 16, 1948, to Sept. 3, 1951, that I last saw the deceased alive on Sept 2, 1951, and that death occurred at 6:00 A.M., from the causes and on the date stated above.

23a. SIGNATURE <u>W.H. Schubert D.O.</u>	(Degree or title)	23b. ADDRESS <u>Amoret, Missouri</u>	23c. DATE SIGNED <u>9-4-51</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Sept. 5 - 1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Freeman</u>	24d. LOCATION (City, town, or county) (State) <u>Freeman Mo.</u>
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DATE REC'D BY LOCAL REG. <u>Sept 9, 1951</u>	REGISTRAR'S SIGNATURE <u>Nora Barwood</u>	451	25. FUNERAL DIRECTOR'S SIGNATURE <u>Geo. E. Myers</u>	ADDRESS <u>Cleveland Mo.</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

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RECEIVED
SEP 15 1951
CASS COUNTY
HEALTH DEPARTMENT

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.

Signed Geo. E. Myers Student Embalmer No.

Signed.....
Student Embalmer

Licensed Embalmer No. 2517

P. O. Address Cleveland 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.