

FILED OCT 3 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 30864

BIRTH NO. _____		REG. DIST. NO. <u>211</u>		PRIMARY REG. DIST. NO. <u>5777</u>		Registrar's No. <u>19-51</u>	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)			
a. COUNTY <u>Miller</u>		b. CITY (If outside corporate limits, write RURAL and give township) <u>Tuscumbia</u>		a. STATE <u>Missouri</u>		b. COUNTY <u>Miller</u>	
c. LENGTH OF STAY (in this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) <u>Tuscumbia</u>		d. STREET ADDRESS _____		(If rural, give location) _____	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Equality Township - R.R.#1</u>							
3. NAME OF DECEASED			4. DATE OF DEATH				
(Type or Print) <u>OLIVE MAY MOLES</u>			(Month) (Day) (Year) <u>SEPT. 22 1951</u>				
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>Aug 2, 1871</u>	
9. AGE (in years last birthday) <u>75</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, when if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		9. AGE (in years last birthday) <u>75</u>	
11. BIRTHPLACE (State or foreign country) <u>Miller Co., Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>Lafayette Moles</u>		13b. MOTHER'S MAIDEN NAME <u>Rebecca</u>	
14. NAME OF HUSBAND OR WIFE <u>Herbert L. Moles</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. M.H. Alford</u>	
18. CAUSE OF DEATH		18. CAUSE OF DEATH		18. CAUSE OF DEATH		18. CAUSE OF DEATH	
Enter only one cause per line for (a), (b), and (c)		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Apoplexy</u>		II. OTHER SIGNIFICANT CONDITIONS		INTERVAL BETWEEN ONSET AND DEATH <u>4 Days</u>	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES		DUE TO (b) <u>Cardio Vascular Disease</u>		several years	
DUE TO (c) _____		DUE TO (c) _____		DUE TO (c) _____		DUE TO (c) _____	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____		19c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>442X</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input 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? _____		21g. HOW DID INJURY OCCUR? _____		21h. HOW DID INJURY OCCUR? _____	
22. I hereby certify that I attended the deceased from <u>9-20-1951</u> , to <u>9-27-1951</u> , that I last saw the deceased alive on <u>9-21-1951</u> , and that death occurred at <u>10 P.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>M. E. Humphrey D.O.</u>				23b. ADDRESS <u>2 Tuscumbia, Mo</u>		23c. DATE SIGNED <u>9-24-51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Sept 24, 1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Tuscumbia</u>		24d. LOCATION (City, town, or county) (State) <u>Tuscumbia, Mo</u>	
DATE REC'D BY LOCAL REG. <u>Sept. 27-1951</u>		REGISTRAR'S SIGNATURE <u>Mrs. Richard L. Wright</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Louis D. Phillips</u>		ADDRESS <u>Weldon</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

OCT 1 1951

RECEIVED

OCT 1 1951

MILLER 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.....

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed *Louis D. Phillips*.....

Licensed Embalmer No. *2663*.....

P. O. Address *Bedon*.....

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.