

FILED SEP 25 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

32260

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 323 PRIMARY REG. DIST. NO. 4474 Registrar's No. 27

1. PLACE OF DEATH a. COUNTY <u>Saline</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Saline</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Sweet Springs</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Sweet Springs</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>104 Bridge St.</u>		d. STREET ADDRESS (If rural, give location) <u>104 Bridge St.</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>JOHN</u>		b. (Middle) <u>---</u> c. (Last) <u>MOORMAN</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>Sept. 19, 1951</u>		5. SEX <u>Male</u>	
6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	
8. DATE OF BIRTH <u>Sept. 13, 1883</u>		9. AGE (In years last birthday) <u>68</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>	
11. BIRTHPLACE (State or foreign country) <u>Lafayette County, Mo.</u>		12. CITIZENRY OF WHAT COUNTRY? <u>U.S.</u>	
13a. FATHER'S NAME <u>John Moorman</u>		13b. MOTHER'S MAIDEN NAME <u>Catherina Martens</u>	
14. NAME OF HUSBAND OR WIFE <u>Mrs. Emma Moorman</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>489-30-4194</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Emma Moorman, Sweet Springs, Mo</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*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>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary occlusion</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>hypertensive heart disease</u> 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 <u>4201</u>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21a. ACCIDENT (Specify) SUICIDE HOMICIDE	
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) (Minute)		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 <u>Sept 18, 1951</u> , to <u>19 Sept, 1951</u> , that I last saw the deceased alive on <u>19 Sept, 1951</u> , and that death occurred at <u>10:30 a.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Ralph H. Jones M.D.</u>		23b. ADDRESS <u>Sweet Springs, Mo.</u>	
23c. DATE SIGNED <u>21 Sept 51</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
24b. DATE <u>Sept. 22, 1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>St. Paul's Lutheran Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>Concordia, Mo.</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>L. T. Parker - Sweet Springs, Mo</u>	
DATE REC'D BY LOCAL REG. <u>9/22/51</u>		REGISTRAR'S SIGNATURE <u>Dolly Andrew</u>	

0970

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

RECEIVED 9-24-51

DISTRICT HEALTH OFFICE No. 3

District File Number _____

Date Filed 9-24-51 _____

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 *D. F. Parker* _____

Licensed Embalmer No. 3840 _____

P. O. Address Sweet Springs, 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.