

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

33304

State File No.

FILED NOV 14 1951

BIRTH NO. _____ REG. DIST. NO. 132 PRIMARY REG. DIST. NO. 3021 Registrar's No. 142

1. PLACE OF DEATH a. COUNTY <u>Gaundy</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Gaundy</u>	
b. CITY OR TOWN <u>Lepton</u>		c. CITY OR TOWN <u>Galt</u>	
c. LENGTH OF STAY (in this place) <u>4 da</u>		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Cullers Hospital</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>EVERETT</u>	b. (Middle) <u>JAMES</u>	c. (Last) <u>MOBERLY</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>10-28-51</u>
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5. SEX <u>MO</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>5-27-1881</u>	9. AGE (in years last birthday) <u>70</u>	IF UNDER 1 YEAR Months Days	IF UNDER 10 YRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Farmer Stockman</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Galt Mo</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>L W Moberly</u>	13b. MOTHER'S MAIDEN NAME <u>Mary Sprout</u>	14. NAME OF HUSBAND OR WIFE <u>Ella Louise Moberly</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <input checked="" type="checkbox"/>	16. SOCIAL SECURITY NO. <input checked="" type="checkbox"/>	17. INFORMANT'S SIGNATURE OR NAME <u>Ms Ella Moberly</u>	ADDRESS <u>Galt 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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>acute</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cardiac Insufficiency</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Coronary Artery Disease</u> DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		Indefinite	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	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 Oct 27, 1951, to Oct 28, 1951, that I last saw the deceased alive on Oct 26, 1951, and that death occurred at 3:00 A.M., from the causes and on the date stated above.

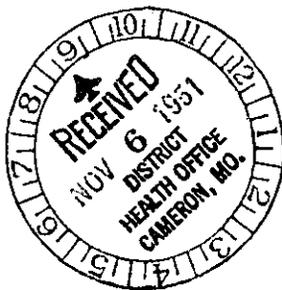
23a. SIGNATURE <u>G. H. Cullers M.D.</u>	(Degree or title)	23b. ADDRESS <u>Lepton Mo</u>	23c. DATE SIGNED <u>10-30-51</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>10-30-51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Rural Vale Cem</u>	24d. LOCATION (City, town, or county) (State) <u>Lepton Mo</u>
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DATE REC'D BY LOCAL REG. <u>10/30/51</u>	REGISTRAR'S SIGNATURE <u>Jenna Davis</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Dr Payne</u>	ADDRESS <u>Lepton Mo</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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.....

P. K. Payne Jr.

Signed.....

Student Embalmer

Licensed Embalmer No. *3400*

P. O. Address *Galt*

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.