

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

40454

State File No. 43

LED DEC 7 1951

BIRTH NO. _____		REG. DIST. NO. 381		PRIMARY REG. DIST. NO. 6178		Registrar's No. _____			
1. PLACE OF DEATH a. COUNTY Sullivan 1050				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY Sullivan					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Milan Duncan Twp.		c. LENGTH OF STAY (in this place) 1		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Milan 1050					
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location) Duncan Twp. 0					
3. NAME OF DECEASED (Type or Print) a. (First) George		b. (Middle) Albert		c. (Last) Moffitt		4. DATE OF DEATH (Month) (Day) (Year) 10 31 1951			
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH 8/31/1877			
9. AGE (In years last birthday) 74		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		11. BIRTHPLACE (State or foreign country) Winigan, Mo. U		12. CITIZEN OF WHAT COUNTRY? US.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country)		12. CITIZEN OF WHAT COUNTRY?			
13a. FATHER'S NAME James Moffitt		13b. MOTHER'S MAIDEN NAME Emiline Webb		14. NAME OF HUSBAND OR WIFE Grace Moffitt					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Grace Moffitt Milan, 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Found dead ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) cause(s) unknown DUE TO (c) non-violence (external) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						INTERVAL BETWEEN ONSET AND 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)		7955			
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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.									
23a. SIGNATURE Joseph P. Probst Corona				23b. ADDRESS 116 1/2 E 3rd Milan Mo		23c. DATE SIGNED 11-20-51			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 11/2/51		24c. NAME OF CEMETERY OR CREMATORY Henry Cem.		24d. LOCATION (City, town, or county) (State) Reger Mo.			
DATE REC'D BY LOCAL REG. Nov 27-1951		REGISTRAR'S SIGNATURE Mrs. H. B. Harris 29		25. FUNERAL DIRECTOR'S SIGNATURE Dought Schauer		ADDRESS Milan Mo			

(Licensed Embalmer's Statement on Reverse Side)

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

Date Received: DEC 3 1951

DISTRICT HEALTH OFFICE #2

District File Number 12-51-2212

Date Filed:

DEC 5 1951

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

Douglas Schauer

Licensed Embalmer No. 2667

P. O. Address

Wilder - 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.