

FILED DEC 28 1951

- THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 42316

BIRTH NO. _____ REG. DIST. NO. 213 PRIMARY REG. DIST. NO. 5781 Registrar's No. 8151

1. PLACE OF DEATH a. COUNTY Miller		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Miller	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Brumley Rural		c. LENGTH OF STAY (In this place)	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) 0	

3. NAME OF DECEASED (Type or Print) a. (First) Rufus b. (Middle) Franklin c. (Last) Moneymaker			4. DATE OF DEATH (Month) (Day) (Year) Oct. 1, 1951		
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	
8. DATE OF BIRTH Jan. 20, 1870		9. AGE (In years last birthday) 81		10. IF UNDER 1 YEAR Months 81 Days 11	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ministry		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Missouri, Phelps County	
12. CITIZEN OF WHAT COUNTRY? USA					

13a. FATHER'S NAME Henry Moneymaker		13b. MOTHER'S MAIDEN NAME Sarah Francis Denny		14. NAME OF HUSBAND OR WIFE Bertha Lona Moneymaker	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS John Moneymaker Brumley, Mo. R. 1	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) CARDIO-VASCULAR Disease		DUE TO (b) CARCINOMA OF STOMACH			5 YRS.	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		DUE TO (c) ✓			6 MO.	
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 151X				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)			
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 AUG 1, 1945, to Oct 1, 1951, that I last saw the deceased alive on Sept 30, 1951, and that death occurred at 4 A. M., from the causes and on the date stated above.

23a. SIGNATURE John A. Pikelovich, D.O.		23b. ADDRESS Crocker, Miss.		23c. DATE SIGNED Oct. 2, 1951	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Oct. 2, 1951		24c. NAME OF CEMETERY OR CREMATORY Mt. Union Cemetery	
24d. LOCATION (City, town, or county) Iberia, Rural		24e. (State) Mo.			
DATE REC'D BY LOCAL REG. Nov. 22, 1951		REGISTRAR'S SIGNATURE Mrs. C. R. Hawkins 193		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Walter P. Hedge Iberia, Mo.	

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RECEIVED
MAY 15 1951
PUBLIC 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. 437

working under my personal supervision.

Student Clarence Wood
Student Embalmer

Signed Walter J. Neider
#426

Licensed Embalmer No. Theresa M

P. O. Address _____

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.