

# STANDARD CERTIFICATE OF DEATH

State File No. **4870**

FILED MAR 3 1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. \_\_\_\_\_ PRIMARY REG. DIST. NO. **5371** Registrar's No. **18**

1. PLACE OF DEATH a. COUNTY <b>DAVIESS</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>DAVIESS</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>RURAL WASHINGTON</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>RURAL WASHINGTON (Twp)</b>	
c. LENGTH OF STAY (in this place) <b>Wife</b>		d. STREET ADDRESS (If rural, give location) <b>Gilman City RD. 0310</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Gilman City RD.</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>PETE</b> b. (Middle) <b>UANIS</b> c. (Last) <b>MOULIN</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>2 20 52</b>		
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>	8. DATE OF BIRTH <b>6-14-1895</b>	9. AGE (In years last birthday) <b>56</b>	IF UNDER 1 YEAR Months <b>8</b> Days <b>6</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farming</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Farm.</b>	11. BIRTHPLACE (State or foreign country) <b>DavieSS County Mo</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA.</b>

13a. FATHER'S NAME <b>JOHN MOULIN</b>		13b. MOTHER'S MAIDEN NAME <b>LIZIE KING</b>		14. NAME OF HUSBAND OR WIFE <b>HAZE KOONS MOULIN</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b>		16. SOCIAL SECURITY NO. <b>none</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>HAZE MOULIN Gilman City - RD.</b>	

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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary occlusion</b>		INTERVAL BETWEEN ONSET AND DEATH <b>few minutes</b>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) _____  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 <b>4201</b>		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)		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 **2-20-52**, and that death occurred at **1:30 Am.**, from the causes and on the date stated above.

23a. SIGNATURE <b>Floyd E. Nelson Coroner</b>		23b. ADDRESS <b>Salt Lake, Mo.</b>		23c. DATE SIGNED <b>2-20-52</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		24b. DATE <b>2-23-52</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Hell Cemetery</b>	
DATE REC'D BY LOCAL REG. <b>26 Feb. 1952</b>		REGISTRAR'S SIGNATURE <b>Virginia M. Engelbert</b>		24d. LOCATION (City, town, or county) (State) <b>DavieSS Co Mo.</b>	
		25. FUNERAL DIRECTOR'S SIGNATURE <b>William J. ...</b>		ADDRESS <b>Gilman City</b>	

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

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OCT 8 0 1938

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.

Signed.....  
Student Embalmer

Student Embalmer No.....

Signed *Joyle E. Williamson*.....

Licensed Embalmer No. *4883*.....

P. O. Address *Libran City, 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.