

STANDARD CERTIFICATE OF DEATH

State File No. **30993**

FILED SEP 29 1952

BIRTH NO. _____ REG. DIST. NO. **55** PRIMARY REG. DIST. NO. **3011** Registrar's No. **76**

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

1. PLACE OF DEATH a. COUNTY Carroll		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY Carroll	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Carrollton		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Carrollton	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) 0171 8	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print) a. (First) MARGARETHA b. (Middle) M c. (Last) MOELLER	4. DATE OF DEATH (Month) (Day) (Year) Sept 18 1952
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5. SEX F	6. COLOR OR RACE W.	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Feb. 24, 1869	9. AGE (In years, if UNDER 1 YEAR last birthday) Months Days Hours Min. 83
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) at home	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) St. Charles Mo.	12. CITIZEN OF WHAT COUNTRY U.S.A.
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13a. FATHER'S NAME Fred Brockmeier	13b. MOTHER'S MAIDEN NAME Anna Scheffer	14. NAME OF HUSBAND OR WIFE George Moeller
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, give unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME Julius Moeller, Carrollton Mo.	ADDRESS
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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, asthenia, etc. It means the disease, injury, or complication which caused death.</i>	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) myocarditis		INTERVAL BETWEEN ONSET AND DEATH ?
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Carcinoma at Pylorus		?
	DUE TO (c) or in region of Pylorus.		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. No operation done.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 151X	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT (Specify) SUICIDE	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)	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 **19**, **1951**, to **1952**, that I last saw the deceased alive on **Sept 18**, **1952**, and that death occurred at **8:00 P.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Carl H Reed M.D.	23b. ADDRESS Carrollton Mo.	23c. DATE SIGNED 9-20-52
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 9-21-52	24c. NAME OF CEMETERY OR CREMATORY Oak Hill Cem.	24d. LOCATION (City, town, or county) (State) Carrollton Mo.
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DATE REC'D BY LOCAL REG. 9/25/52	REGISTRAR'S SIGNATURE Wm Herbert Calvert	45-0	FUNERAL DIRECTOR'S SIGNATURE Stanley Gibson	ADDRESS Carrollton Mo.
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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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Ben W. Gibson

Licensed Embalmer No. 2961

P. O. Address Carrollton 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.