

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

42033

State File No. ....

FILED JAN 5 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 1158

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).	
a. COUNTY <u>Greene</u>	b. CITY (If outside corporate limits, write RURAL and give township) <u>Springfield</u>	a. STATE <u>Missouri</u>	b. COUNTY <u>Greene</u>
c. LENGTH OF STAY (in this place) <u>6 months</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Springfield</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1121 Stanford</u>		d. STREET ADDRESS (If rural, give location) <u>1121 Stanford</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>FAYE</u>	b. (Middle) <u>STEWART</u>	c. (Last) <u>MOFFITT</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>December 27, 1952</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Nov 9, 1903</u>	9. AGE (In years last birthday) (If under 1 year: Months) (If under 2 hrs: Days) (Hours) (Min.) <u>49</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Own Home</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Republic, Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	

13a. FATHER'S NAME <u>Frank C Stewart</u>	13b. MOTHER'S MAIDEN NAME <u>Clara Hoover</u>	14. NAME OF HUSBAND OR WIFE <u>Ralph Moffitt</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>	16. SOCIAL SECURITY NO. <u>unknown</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Ralph Moffitt, Springfield, Mo.</u>	ADDRESS <u>Springfield, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>1 1/2 yrs.</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma with metastasis</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving DUE TO (b) _____ rise to the above cause (a) stating the underlying cause last. 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	20. AUTOPSY? YES <input type="checkbox"/> NO <input 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 12/20, 1952, to 12/27, 1952, that I last saw the deceased alive on 12/27, 1952, and that death occurred at 7:10A m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Leslie R. Webb M.D.</u>	23b. ADDRESS <u>609 Cherry St</u>	23c. DATE SIGNED <u>12/29/52</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Dec 29, 1952</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Hazelwood Demetery</u>	24d. LOCATION (City, town, or county) (State) <u>Springfield, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>12-30-52</u>	REGISTRAR'S SIGNATURE <u>Edith Williamson</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Alma Schmeyer</u>	ADDRESS <u>Springfield, Mo</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

Dr Webb

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 Gene C. Hunter

Licensed Embalmer No. 4739

P. O. Address Springfield, 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.