

FILED MAR 30 1953  
STANDARD CERTIFICATE OF DEATH  
State File No. 31  
REG. DIST. NO. 273 PRIMARY REG. DIST. NO. 3051 Registrar's No. 31

1. PLACE OF DEATH a. COUNTY <b>Perry</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Perry</b>	
b. CITY OR TOWN <b>Perryville</b>		c. CITY OR TOWN <b>Rural St. Marys Township</b>	
c. LENGTH OF STAY (in this place) <b>1 Day</b>		d. STREET ADDRESS (If rural, give location) <b>Silver Lake</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Perry County Memorial Hospital</b>			

3. NAME OF DECEASED (Type or Print)		a. (First) <b>Joseph</b>		b. (Middle) <b>James</b>		c. (Last) <b>Moranville</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>March 19, 1953</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Never Married</b>		8. DATE OF BIRTH <b>December 5, 1886</b>		9. AGE (In years last birthday) <b>66</b>	IF UNDER 1 YEAR Months	IF UNDER 11 HRS. Days	Hours
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Agriculture</b>		11. BIRTHPLACE (State or foreign country) <b>Perry County, Mo.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>			

13a. FATHER'S NAME <b>Thomas J. Moranville</b>		13b. MOTHER'S MAIDEN NAME <b>Ella Mc Bride</b>		14. NAME OF HUSBAND OR WIFE <b>Leo Moranville, Perryville, Mo.</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>Yes.</b>		16. SOCIAL SECURITY NO. <b>World War 1</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Leo Moranville, Perryville, Mo.</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, asthenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>coronary thrombosis</b>		INTERVAL BETWEEN ONSET AND DEATH <b>36 hrs.</b>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>coronary atherosclerosis</b>		<b>20 yrs.</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 checked="" type="checkbox"/> NO <input 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) (Min.)		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 **18 March, 1953**, to **19 March, 1953**, that I last saw the deceased alive on **19 March, 1953**, and that death occurred at **3:20 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE <b>William D. Hanson M.D.</b>		23b. ADDRESS <b>Perryville, Mo.</b>		23c. DATE SIGNED <b>MAR 20 1953</b>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>March 21, 1953</b>		24c. NAME OF CEMETERY OR CREMATORY <b>St. Rose of Lima Catholic Cemetery, Silver Lake, Mo.</b>		24d. LOCATION (City, town, or county) (State)	
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DATE REC'D BY LOCAL REG. <b>3-21-53</b>		REGISTRAR'S SIGNATURE <b>Joe J. Zellmer</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Albert Bey, Perryville, Mo.</b>		ADDRESS	
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WRITE PLAINLY--USING UNFADING BLACK INK--MAKE A PERMANENT RECORD

WAR 3 1 1953

**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, ~~my~~ .....

..... Student Embalmer No. ....

working under my personal supervision.

Student .....  
Student Embalmer

Signed Albert Bey .....

Licensed Embalmer No. 3866 .....

P. O. Address Ferryville, 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.