No. 300
10-48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

28017

State File No. _____

FILED SEP 8 - 1953

BIRTH NO. _____ REG. DIST. NO. 59 PRIMARY REG. DIST. NO. 4095 Registrar's No. 132

0190
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH
a. COUNTY: Cass
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Drexel
c. LENGTH OF STAY (In this place): 3 mo
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MO
b. COUNTY: Cass
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Drexel MO 0190
d. STREET ADDRESS (If rural, give location): 0

3. NAME OF DECEASED (Type or Print)
a. (First): ALBERT
b. (Middle): AUSTIN
c. (Last): MOUL

4. DATE OF DEATH (Month) (Day) (Year): Aug 27-1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: May 22-1892
9. AGE (In years last birthday): 61 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farming
10b. KIND OF BUSINESS OR INDUSTRY: Farming
11. BIRTHPLACE (City and State or Foreign Country): Cass Co. Mo.
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Damial Moul
13b. MOTHER'S MAIDEN NAME: Ada Davis
14. NAME OF HUSBAND OR WIFE: dont Know

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: ✓
17. INFORMANT'S SIGNATURE OR NAME: Ernest A Moul — ADDRESS: Amsterdam, Mo

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.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Myocardial Insufficiency — INTERVAL BETWEEN ONSET AND DEATH: 48 Hours

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Cardio-Renal-Hepatic Syndrome — 4 Yrs
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: 442 X
20. AUTOPSY? YES ☐ NO ☑

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Dec. 16, 1948 *to* Aug. 27, 1953, *that I last saw the deceased alive on* Aug 27 1953, *and that death occurred at* 5:35 A.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): W. H. Schubert D.O.
23b. ADDRESS: Amoret, Missouri
23c. DATE SIGNED: 8-28-53

24a. BURIAL, CREMATION, REMOVAL (Specify): burial
24b. DATE: 8-29-53
24c. NAME OF CEMETERY OR CREMATORY: Freeman Mem
24d. LOCATION (City, town, or county) (State): Freeman Mo

DATE REC'D BY LOCAL REG.: 9-1-1953
REGISTRAR'S SIGNATURE: Dora Barnard 457-01
25. FUNERAL DIRECTOR'S SIGNATURE: Geo. E. Myers — ADDRESS: Cleveland Mo

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
SEP 5 1941
CASS COUNTY
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. .....,

working under my personal supervision.

Student .....
Student Embalmer

Signed Geo. E. Myers

Licensed Embalmer No. 2577

P. O. Address Cleveland Ohio

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.