No. 300
10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

29393

State File No. .....

BIRTH NO. FILED SEP 15 1953 REG. DIST. NO. 233 PRIMARY REG. DIST. NO. 4348 Registrar's No. 14

1. PLACE OF DEATH
a. COUNTY Montgomery
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Wellsville
c. LENGTH OF STAY (in this place) 70 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 211 East Bates

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY Montgomery
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Wellsville 0700
d. STREET ADDRESS (If rural, give location) 211 East Bates

3. NAME OF DECEASED (Type or Print)
a. (First) HOMER
b. (Middle) MORGAN
c. (Last) MORAN

4. DATE OF DEATH (Month) (Day) (Year) Sept. 1 1953

5. SEX Male 0
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH Oct. 31, 1879
9. AGE (In years last birthday) 73 IF UNDER 1 YEAR Months 10 Days 1 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Editor of Newspaper
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and State or Foreign Country) Montgomery County, Missouri 0
12. CITIZEN OF WHAT COUNTRY? U. S. A

13a. FATHER'S NAME Isaac Newton Moran
13b. MOTHER'S MAIDEN NAME Caroline Vardeman
14. NAME OF HUSBAND OR WIFE Mrs. Susie C. Moran

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. none
17. INFORMANT'S SIGNATURE OR NAME Mrs Susie Moran Wellsville Mo ADDRESS

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) arteriosclerosis APOPLEXY — INTERVAL BETWEEN ONSET AND DEATH 20 years 5 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) arteriosclerosis — 20 years

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 334X
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* Aug 26, 1953, *to* Sept 1, 1953 *that I last saw the deceased alive on* Sept 1, 1953, *and that death occurred at* 10 A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) Willis H Walls W.O.
23b. ADDRESS Wellsville
23c. DATE SIGNED 9/8/53

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 9/3/53
24c. NAME OF CEMETERY OR CREMATORY Wellsville City Cem.
24d. LOCATION (City, town, or county) (State) Wellsville, Montg. Mo.

DATE REC'D BY LOCAL REG. 9.8.53
REGISTRAR'S SIGNATURE W.S. Romano Jr. 425
25. FUNERAL DIRECTOR'S SIGNATURE R B Wells ADDRESS Wellsville

(Licensed Embalmer's Statement on Reverse Side)

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

MAR 23 1954

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 F B Kelly

Licensed Embalmer No. 1588

P. O. Address Hillsdale Mi

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.