

STANDARD CERTIFICATE OF DEATH

31352

State File No.

FILED OCT 13 1953

BIRTH NO. _____ REG. DIST. NO. 82 PRIMARY REG. DIST. NO. 3017 Registrar's No. 117

1. PLACE OF DEATH a. COUNTY Cooper		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Cooper	
b. CITY (If outside corporate limits, write RURAL and give township) Boonville		c. CITY (If outside corporate limits, write RURAL and give township) Boonville	
c. LENGTH OF STAY (In days, months, or years) 20 yrs.		d. STREET ADDRESS (If rural, give location) 223 E. Spring St.	
d. FULL NAME OF HOSPITAL OR INSTITUTION At home, 223 E. Spring St.			

3. NAME OF DECEASED (Type or Print) a. (First) Louis		b. (Middle)		c. (Last) Moehle.		4. DATE OF DEATH (Month) (Day) (Year) October 3 1953	
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH May 30 1871	
9. AGE (In years last birthday) 82		IF UNDER 1 YEAR Months		IF UNDER 1 YEAR Days		IF UNDER 1 HRS. Hours Mins.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Boat Pilot		10b. KIND OF BUSINESS OR INDUSTRY River Boats		11. BIRTHPLACE (City and State or Foreign Country) Cooper County, Missouri		12. CITIZEN OF WHAT COUNTRY? USA.	

13a. FATHER'S NAME Gustave Moehle.		13b. MOTHER'S MAIDEN NAME Anna Weiland.		14. NAME OF HUSBAND OR WIFE Laura L. Boller Moehle.	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Louis Moehle, Boonville, Mo.	

18. CAUSE OF DEATH PER ENTERED ON ONE OFSE PREVIOUS FORMS (Type or Print) 18. CAUSE OF DEATH PER line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) INTESTINAL OBSTRUCTION		INTERVAL BETWEEN ONSET AND DEATH 21 DAYS	
ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) CAUSE NOT KNOWN			
		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 5705		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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?	
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22. I hereby certify that I attended the deceased from Sept 14, 1953, to Oct 3, 1953, that I last saw the deceased alive on Oct 1, 1953, and that death occurred at 8:40 A.M. from the causes and on the date stated above.

23a. SIGNATURE J. C. Tincher M.D.		23b. ADDRESS Boonville, Mo.		23c. DATE SIGNED Oct 3 1953	
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24a. BURIAL (CREMATION, REMOVAL, etc.) Burial		24b. DATE October 5 1953		24c. NAME OF CEMETERY OR CREMATORY Walnut Grove		24d. LOCATION (City, town, or county) (State) Boonville, Missouri.	
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DATE REC'D BY LOCAL REG. 10/5/53		REGISTRAR'S SIGNATURE [Signature]		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Goodman & Boller, Boonville, Mo.	
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(Licensed Embalmer's Statement on Reverse Side)

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

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

J. W. Goodwin

Licensed Embalmer No. *1178*

P. O. Address *Roanoke, Va.*

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.