

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

State File No. **34790**

**FILED SEP 16 1953**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **347** PRIMARY REG. DIST. NO. **4507** Registrar's No. **59**

1. PLACE OF DEATH a. COUNTY <b>Stone</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Stone</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Osage</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Osage</b> <b>1040</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED (Type or Print)	a. (First) <b>Theron</b>	b. (Middle) <b>Custom</b>	c. (Last) <b>Moede</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>Sept 1 1953</b>
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5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>May 14 - 1876</b>	9. AGE (In years last birthday) <b>77</b>	IF UNDER 1 YEAR Months <b>3</b> Days <b>17</b>	IF UNDER 24 HRS. Hours <b></b> Min. <b></b>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Rail Road</b>	11. BIRTH PLACE (City and State or Foreign Country) <b>Oshkosh, Wis</b>	12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>
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13a. FATHER'S NAME <b>William Moede</b>	13b. MOTHER'S MAIDEN NAME <b>unknown</b>	14. NAME OF HUSBAND OR WIFE <b>Ella Moede</b>
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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) <b>no</b>	16. SOCIAL SECURITY NO. <b>702-18-5211</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Ella Moede Crane, Mo</b>	ADDRESS <b>Mo</b>
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral embolus</b>		INTERVAL BETWEEN ONSET AND DEATH <b>3 months</b>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Arteriosclerosis</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>332X</b>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **June**, 1953, to **Sept. 1, 1953**, that I last saw the deceased alive on **Sept. 1, 1953** and that death occurred at **1:40A** m., from the causes and on the date stated above.

23a. SIGNATURE <b>Fred D. Kemmick M.D.</b> (Degree or title)	23b. ADDRESS <b>Crane, Mo.</b>	23c. DATE SIGNED <b>9-3-53</b>
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24a. BURIAL, CREMATION REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>9/3/53</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Mosauer</b>	24d. LOCATION (City, town, or county) (State) <b>Osage Mo</b>
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DATE REC'D BY LOCAL REG. <b>Sept. 4, 53</b>	REGISTRAR'S SIGNATURE <b>Mrs. G. Elmer Bissman</b>	317-0	25. FUNERAL DIRECTOR'S SIGNATURE <b>George H. Manlove Crane, Mo</b>	ADDRESS
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*Pudina Murray* (Licensed Embalmer's Statement on Reverse Side)

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

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**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, ~~and by~~ \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed

*George H. Maulore*

Licensed Embalmer No.

*3827*

P. O. Address

*Crane, 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.