

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

6280 State File No. 34872

No. 200
10-48

FILED SEP 21 1953

BIRTH MO. _____ REG. DIST. NO. 375- PRIMARY REG. DIST. NO. 4051 Registrar's No. 35

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

1. PLACE OF DEATH a. COUNTY WRIGHT.			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death) a. STATE MO. b. COUNTY WRIGHT		
b. CITY, (If outside corporate limits, write RURAL and give township) OR TOWN HARTVILLE		c. LENGTH OF STAY (in this place) 20 yrs	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN HARTVILLE (HART.)		1148
d. FULL NAME OF HOSPITAL OR INSTITUTION Coffman Rest Home			d. STREET ADDRESS (If rural, give location) None		
3. NAME OF DECEASED (Type or Print) a. (First) MARIETTA b. (Middle) MOORE c. (Last) MOORE			4. DATE OF DEATH (Month) (Day) (Year) 9 16 53		
5. SEX FEMALE	6. COLOR OR RACE White	7. MARRIAGE STATUS (NEVER MARRIED, MARRIED, DIVORCED) (Specify) SINGLE	8. DATE OF BIRTH 1-1-1881	9. AGE (In years last birthday) 72	IF UNDER 1 YEAR: Months 8 Days 15
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) SCHOOL-Teacher		10b. KIND OF BUSINESS OR INDUSTRY None	11. BIRTHPLACE (City and State or Foreign Country) WRIGHT MO		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME UNKNOWN		13b. MOTHER'S MAIDEN NAME UNKNOWN		14. NAME OF HUSBAND OR WIFE NONE	
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. None	17. INFORMANT'S SIGNATURE OR NAME ADDRESS FRED COFFMAN HARTVILLE		
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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Lobar Pneumonia ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Virus Dysentery DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 2 day. 1 week
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 490x				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)	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 9-15, 1953 , to 9-16, 1953 , that I last saw the deceased alive on 9-16, 1953 and that death occurred at 9:00am. , from the causes and on the date stated above.					
23a. SIGNATURE J. Northrup (Degree or title)			23b. ADDRESS 2 Hartsville Mo		23c. DATE SIGNED 9-18-53
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 9-18-53	24c. NAME OF CEMETERY OR CREMATORY Steele	24d. LOCATION (City, town, or county) (State) HARTVILLE, MO		
DATE REC'D BY LOCAL REG. 9-18-53	REGISTRAR'S SIGNATURE B.B. Jarmy by Jeanne Helala 346-1		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS John S. Simpson Hartsville		

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED SEP 19 1953
WRIGHT CO. HEALTH DEPT.
County File Number 953-125
Date Filed 9-9-53

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 Glen A Williams

Licensed Embalmer No. 4651

P. O. Address Marsfield, 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.