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V.S. No. 300
Rev. 10-48
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THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 40077

FILED DEC 1 - 1953

BIRTH NO. _____ REG. DIST. NO. 306 PRIMARY REG. DIST. NO. 6048 Registrar's No. 25

1. PLACE OF DEATH
a. COUNTY St. Charles Mo.
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rural, St. Charles
c. LENGTH OF STAY (in this place) 17 YRS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Mo State Hy 94, 10 Mi. S.W. St. Charles Mo

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Mo
b. COUNTY St. Charles
c. CITY OR TOWN St. Charles
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☒
e. STREET ADDRESS (If rural, give location) R.2 Box 480 0920 0

3. NAME OF DECEASED (Type or Print)
a. (First) Billie
b. (Middle) John
c. (Last) Moellering

4. DATE OF DEATH (Month) (Day) (Year) Oct. 30 1953

5. SEX M 0
6. COLOR OR RACE Caucasian
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married 0
8. DATE OF BIRTH Oct. 17, 1936
9. AGE (In years last birthday) 17 — If under 1 year: Months 0, Days 13 — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Dry Wall Applicator
10b. KIND OF BUSINESS OR INDUSTRY Residential Constr
11. BIRTHPLACE (City and State or Foreign Country) Martinsburg Mo 0
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Roy W. Moellering
13b. MOTHER'S MAIDEN NAME Carolyn Schumann
14. NAME OF HUSBAND OR WIFE None

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) None
16. SOCIAL SECURITY NO. 491-38-8380
17. INFORMANT'S SIGNATURE OR NAME X Roy W. Moellering ADDRESS R2 St. Charles 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) // Crushed chest — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) automobile accident
DUE TO (c) one car involved

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
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19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
0 92
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify) accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Hwy. 94
21c. (CITY, TOWN, OR TOWNSHIP) Dardene (COUNTY) St. Charles (STATE) Mo.
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Oct. 30 '53 9:30 p.m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? Car left highway and hit tree

22. *I hereby certify that I ~~attended~~ held inquest the deceased from* 11/21/53, *19*___, *to* _____, *19*___, *that I last saw the deceased alive on* _____, *19*___, *and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) Marion Muschany Coroner
23b. ADDRESS Wentzville Mo
23c. DATE SIGNED Nov 21-53

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE Nov. 2, 1953
24c. NAME OF CEMETERY OR CREMATORY Oak Grove
24d. LOCATION (City, town, or county) (State) St. Charles Mo

DATE REC'D BY LOCAL REG. Nov 23-53
REGISTRAR'S SIGNATURE E. A. Keithley 280 1
25. FUNERAL DIRECTOR'S SIGNATURE C. L. Brewster ADDRESS Printer-Hughes Funeral Home Inc St. Charles Mo.

(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 embalm

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed John S. Denn

Licensed Embalmer No. 419

P. O. Address St. Lou

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

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

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