FILED APR 19 1954

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

State File No. 11561

BIRTH NO. _____ REG. DIST. NO. 77 PRIMARY REG. DIST. NO. 3016 Registrar's No. 111

**1. PLACE OF DEATH**
a. COUNTY: Cole
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Jefferson City
c. LENGTH OF STAY (In this place): 31yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 514 E. High St.

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Cole
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Jefferson City
d. STREET ADDRESS (If rural, give location): 514 E. High St.

0-264
0

**3. NAME OF DECEASED** (Type or Print)
a. (First) Johnnie b. (Middle) Robert c. (Last) Moreau

**4. DATE OF DEATH** (Month) (Day) (Year): April 15,1954

**5. SEX**: Male 0
**6. COLOR OR RACE**: White
**7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify): Married
**8. DATE OF BIRTH**: June 23,1887
**9. AGE** (In years last birthday): 66 — IF UNDER 1 YEAR: Months 9 Days 22 — IF UNDER 24 HRS.: Hours Min.

**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired): Foreman
**10b. KIND OF BUSINESS OR INDUSTRY**: International Shoe Co.
**11. BIRTHPLACE** (City and State or Foreign Country): Boone Co. Mo. 0
**12. CITIZEN OF WHAT COUNTRY?**: USA.

**13a. FATHER'S NAME**: Willaim Moreau
**13b. MOTHER'S MAIDEN NAME**: Georgeann Barnes
**14. NAME OF HUSBAND OR WIFE**: Louisa Moreau

**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unknown) (If yes, give war or dates of service)
**16. SOCIAL SECURITY NO.**: 490-09-4841
**17. INFORMANT'S ~~SIGNATURE~~ OR NAME** Mo. **ADDRESS**: Mrs Louisa Moreau Jefferson City

**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): Cerebral hemmorrhage — INTERVAL BETWEEN ONSET AND DEATH: 4 hrs

ANTECEDENT CAUSES
*Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b): hypertensive cardio vascular — 2 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**: 443 X
**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* 3/10, 1952, *to* 4/15, 1954, *that I last saw the deceased alive on* 4/15, 1954, *and that death occurred at* 8:30p *m., from the causes and on the date stated above.*

**23a. SIGNATURE** (Degree or title): H Kanagawa MD 0
**23b. ADDRESS**: 1 Doelmeyer Bldg
**23c. DATE SIGNED**: 4/16/54

**24a. BURIAL, CREMATION, REMOVAL** (Specify): Burial
**24b. DATE**: April 17-54
**24c. NAME OF CEMETERY OR CREMATORY**: Riverview Cemetery
**24d. LOCATION** (City, town, or county) (State): Jefferson City, Mo.

**DATE REC'D BY LOCAL REG.**: Apr 16-1954
**REGISTRAR'S SIGNATURE**: R. P. Dorris MD MR
**25. FUNERAL DIRECTOR'S SIGNATURE**: Victor Buescher
**ADDRESS**: Jefferson City Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

APR 20 195

## 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 Victor Buescher

Licensed Embalmer No. 3701

P. O. Address Jefferson City

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.