

FILED MAY 5 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 12544

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 172 PRIMARY REG. DIST. NO. 4372 Registrar's No. 32

0540

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

1. PLACE OF DEATH a. COUNTY <b>LAFAYETTE</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY <b>LAFAYETTE</b>	
b. CITY OR TOWN <b>WAVERLY</b>		c. CITY OR TOWN <b>WAVERLY</b> 0540	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location) <b>NONE</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>HOME OF DAUGHTER</b>			

3. NAME OF DECEASED a. (First) <b>LUDE</b> b. (Middle) <b>E</b> c. (Last) <b>MORAN</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>4 24 54</b>		
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>WIDOWED</b>	8. DATE OF BIRTH <b>3-14-1884</b>		9. AGE (In years last birthday) <b>70</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>FARMER</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>NONE</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>ILLINOIS</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>

13a. FATHER'S NAME <b>RILEY MORAN</b>		13b. MOTHER'S MAIDEN NAME <b>JOSEPHINE PENROD ANNA E CUREY</b>		14. NAME OF HUSBAND OR WIFE	
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>NO</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Ms. Ruby Roberts - Waverly Mo</b>	

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) <b>Coronary-vascular - vessel disease</b>			INTERVAL BETWEEN ONSET AND DEATH <b>?</b>
		DUPLICATE OF (a) <b>Anterior hypertensive</b>			
		DUPLICATE OF (c) <b>Caesura of pancreas</b>			
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			<b>?</b>

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <b>442 XH</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)
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 **Dec 19, 1953, to Apr 24, 1954**, that I last saw the deceased alive on **Apr 24, 1954**, and that death occurred at **6 P m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>Douglas Kelling M.D.</b>		23b. ADDRESS <b>Waverly Mo</b>		23c. DATE SIGNED <b>4-26-54</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	24b. DATE <b>4/26/54</b>	24c. NAME OF CEMETERY OR CREMATORY <b>WAVERLY CEMETERY</b>	24d. LOCATION (City, town, or county) (State) <b>WAVERLY MO</b>	

DATE REC'D BY LOCAL REG. <b>April 26-1954</b>	REGISTRAR'S SIGNATURE <b>Clayton H. Landrum</b>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Boiley Funeral Home Waverly Mo.</b>
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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, or by ✓

Student Embalmer No. ✓

working under my personal supervision.

Student ✓ .....

Student Embalmer

Signed Morris D. Bailey

Licensed Embalmer No. 4887

P. O. Address Waverly 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.