

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **16790**

FILED MAY 24 1954

BIRTH NO. _____		REG. DIST. NO. <u>270</u>	PRIMARY REG. DIST. NO. <u>3050</u>	Registrar's No. <u>38</u>
1. PLACE OF DEATH a. COUNTY <u>Jerome</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jerome</u>		
b. CITY (If outside corporate limits, write RURAL and give township) <u>Cantharville</u>		c. LENGTH OF STAY (in this place) <u>14</u>		
c. CITY (If outside corporate limits, write RURAL and give township) <u>Cantharville</u>		d. STREET ADDRESS (If rural, give location) <u>309 East 3rd St.</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION _____		4. DATE OF DEATH (Month) (Day) (Year) <u>May - 5 - 1954</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>GEORGE</u> b. (Middle) <u>ARNOLD</u> c. (Last) <u>MOAD</u>		5. SEX <u>M</u> 6. COLOR OR RACE <u>W</u>		
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED <u>Married</u>		8. DATE OF BIRTH <u>Dec - 23 - 1882</u>		9. AGE (In years last birthday) <u>71</u> 1/2
10a. USUAL OCCUPATION (Give kind of work done and amount of working time, even if retired) <u>Librarian</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Computer</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Ind.</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>Unknown</u> 13b. MOTHER'S MAIDEN NAME <u>Unknown</u> 14. NAME OF HUSBAND OR WIFE <u>Nicola Moad</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war or dates of service) <u>none</u>		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>Sister Moad, Cantharville</u> ADDRESS _____
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) <u>Organic Heart Disease</u> ANTECEDENT CAUSES <u>Myocardial Infarction</u> Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis</u> 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 _____		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) <u>May 5, 1954, 10:30 a.m.</u>		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 <u>May 5, 1954</u> , to <u>May 5, 1954</u> , that I last saw the deceased alive on <u>May 5, 1954</u> , and that death occurred at <u>10:30 a.m.</u> , from the causes and on the date stated above.				23c. DATE SIGNED <u>5/17/54</u>
23a. SIGNATURE <u>Wesley W. P. ...</u> (Degree or title) _____		23b. ADDRESS <u>Corinthian, Mo.</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>5-8-1954</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Little Prairie</u>	24d. LOCATION (City, town, or county) (State) <u>Cantharville, Mo.</u>
DATE REC'D BY LOCAL REG. <u>May 19, 1954</u>		REGISTRAR'S SIGNATURE <u>Jessie B. Wick</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>La Forge and Co. Cantharville</u> ADDRESS _____

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300  
10.48

0782

111

110

*M. Lamb*

5-108-54

PEMISCOT COUNTY HEALTH DEPARTMENT  
COURTHOUSE PHONE 79  
CARUTHERSVILLE, MO.

MAY 22 1984

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 *Charles E. Mungler*

Licensed Embalmer No. *H 8077*

P. O. Address *Caruthersville*

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.