

FILED JUN 29 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

17859

State File No.

BIRTH NO. _____		REG. DIST. NO. <u>13</u>	PRIMARY REG. DIST. NO. <u>3003</u>	Registrar's No. <u>46</u>
1. PLACE OF DEATH a. COUNTY <u>Barry</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Barry</u>		
b. CITY (If outside corporate limits, write RURAL and give township) <u>Monett</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Monett</u>		
c. LENGTH OF STAY (In this place) <u>30 yrs</u>		d. STREET ADDRESS (If rural, give location) <u>305 Third St.</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>305 Third St</u>		e. FULL NAME OF HOSPITAL OR INSTITUTION <u>305 Third St</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>Eugenie</u>		b. (Middle) <u>Charlotte</u>		c. (Last) <u>Moret</u>
4. DATE OF DEATH (Month) (Day) (Year) <u>6 10 54</u>		5. SEX <u>Female</u>		
6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>4-24-1879</u>
9. AGE (In years last birthday) <u>75</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Rolla, Missouri</u>
10b. KIND OF BUSINESS OR INDUSTRY <u>Housework</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S.</u>		
13a. FATHER'S NAME <u>Charles Colin</u>		13b. MOTHER'S MAIDEN NAME <u>Eugenie Magnenat</u>		14. NAME OF HUSBAND OR WIFE <u>Emory Moret</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		18. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Louis Moret</u>
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>Cerebral hemorrhage</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertension</u> 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 <u>3 wks</u> <u>10-4-13</u>
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)		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>2-10</u> , 19 <u>55</u> , to <u>6-10-54</u> , 19 <u>54</u> , that I last saw the deceased alive on <u>6-7-54</u> , 19 <u>54</u> , and that death occurred at <u>1:05 P.m.</u> , from the causes and on the date stated above.				
23a. SIGNATURE <u>Daniel R. MDO</u>		23b. ADDRESS <u>Monett Mo</u>		23c. DATE SIGNED <u>6-11-54</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>6-13-54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Flat Grove Cemetery</u>
24d. LOCATION (City, town, or county) (State) <u>Rolla, Mo.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Katherine Anderson</u>		
DATE REC'D BY LOCAL REG. <u>6-13-54</u>		REGISTRAR'S SIGNATURE <u>487</u>		ADDRESS <u>Mercer Funeral Home, Monett, Mo.</u>

(Licensed Embalmer's Statement on Reverse Side)

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

0051

005/2

BARRY COUNTY HEALTH UNIT
CASSVILLE, MO.

NO. 654-51

DATE REC. 6-28-54

JUN 29 1954

APR 26 1957

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 Roy H. Mercer

Licensed Embalmer No. 4432

P. O. Address Monett, 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.