FILED JUN 21 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 18286

BIRTH NO. _____ REG. DIST. NO. 64 PRIMARY REG. DIST. NO. 4109 Registrar's No. 35

210

1. PLACE OF DEATH
a. COUNTY Chariton
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Keytesville, Mo.
c. LENGTH OF STAY (in this place) All her Life
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 214 Vandier Ave.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Mo.
b. COUNTY Chariton
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Keytesville 0210
d. STREET ADDRESS (If rural, give location) 214 Vandier Ave.

3. NAME OF DECEASED (Type or Print) a. (First) Julia b. (Middle) ——— c. (Last) Moorman

4. DATE OF DEATH (Month) (Day) (Year) June 11, 1954

5. SEX Female 8
6. COLOR OR RACE Black
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married
8. DATE OF BIRTH Dec. 27th, 1878
9. AGE (In years last birthday) 75 IF UNDER 1 YEAR Months 5 Days 15 IF UNDER 24 HRS. Hours Min.

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

13a. FATHER'S NAME Arron Moorman
13b. MOTHER'S MAIDEN NAME Bell Moore
14. NAME OF HUSBAND OR WIFE Single

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mattie Wright Keytesville, 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) Carcinoma of head of pancreas — INTERVAL BETWEEN ONSET AND DEATH: Don't know.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death. 157 X

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
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* April 12, 1953, *to* June 11, 1954, *that I last saw the deceased alive on* June 10, 1954, *and that death occurred at* 9:p.m. *from the causes and on the date stated above.*

23a. SIGNATURE Carl C. Weger (Degree or title) M.D.
23b. ADDRESS Keytesville, Mo
23c. DATE SIGNED 6/12/54

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE June 14th, 1954
24c. NAME OF CEMETERY OR CREMATORY City Cemetery
24d. LOCATION (City, town, or county) (State) Keytesville, Mo.

DATE REC'D BY LOCAL REG. 6-15-54
REGISTRAR'S SIGNATURE G. W. Hawkins 55
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Hyde & Gamp Keytesville, 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 embalmed by me, or by ..... Student Embalmer No. ..... working under my personal supervision.

Student .....
Student Embalmer

Signed H. D. Garrett

Licensed Embalmer No. 3046

P. O. Address Keystesville N

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.