

FILED JUL 20 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 23682

BIRTH NO. _____ REG. DIST. NO. 209 PRIMARY REG. DIST. NO. 3042 Registrar's No. 266

1. PLACE OF DEATH a. COUNTY MARION		2. USUAL RESIDENCE (Where deceased lived; if institution: residence before admission) a. STATE Missouri b. COUNTY MARION	
b. CITY (If outside corporate limits, write RURAL and give township) HANNIBAL		c. CITY (If outside corporate limits, write RURAL and give township) HANNIBAL	
c. LENGTH OF STAY (in this place) 1 Hrs.		d. STREET ADDRESS (If rural, give location) 1220 Linole	
d. FULL NAME OF HOSPITAL OR INSTITUTION STELIZABETH HOSPITAL			

3. NAME OF DECEASED (Type or Print) a. (First) MARY b. (Middle) _____ c. (Last) MOYERS			4. DATE OF DEATH (Month) (Day) (Year) JULY 11 1954		
5. SEX FEMALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	
8. DATE OF BIRTH APRIL 10TH 1863		9. AGE (In years last birthday) 91		10. UNDER 1 YEAR Months Days 3	
11. BIRTHPLACE (State or foreign country) Ralls County Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Keeper		10b. KIND OF BUSINESS OR INDUSTRY Own Home			

13a. FATHER'S NAME JAMES DUNN		13b. MOTHER'S MAIDEN NAME Mary ELLEN ROACH		14. NAME OF HUSBAND OR WIFE Seber A. Moyers	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS William L. Moyers Hannibal, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Thrombosis		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Generalized Arteriosclerosis		
	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 332X		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 July 11, 1954 to July 11, 1954 , that I last saw the deceased alive on July 11, 1954 , and that death occurred at 8:40 p.m. , from the causes and on the date stated above.					

23a. SIGNATURE W. D. Diller M.D.		23b. ADDRESS Hannibal Mo.		23c. DATE SIGNED July 17/54	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE JULY 14 - 1954		24c. NAME OF CEMETERY OR CREMATORY Brunson Creek Cemetery	
				24d. LOCATION (City, town, or county) (State) Ralls County Missouri	

DATE REC'D BY LOCAL REG. 7/13/54		REGISTRAR'S SIGNATURE Dr. E. M. Luedke		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS WILSON & SON, Manro City Missouri	
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(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

JUL 19 1954

MISSOURI O. HEALTH DEPT.

DATE FILED JUL 19 1954

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 me

Student Embalmer No. _____

working under my personal supervision.

Student _____
Student Embalmer

Signed Leslie L. Nelson

Licensed Embalmer No. 3014
P. O. Address Worse City 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.