

FILED JUL 30 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 24065

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

BIRTH NO. _____		REG. DIST. NO. <u>294</u>		PRIMARY REG. DIST. NO. <u>30676</u>		Registrar's No. <u>183</u>	
1. PLACE OF DEATH a. COUNTY <u>Randolph</u>				2. USUAL RESIDENCE (Where deceased lived, if different from above) a. STATE <u>Missouri</u> b. COUNTY <u>Randolph</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Moberly</u>		c. LENGTH OF STAY (In this place) <u>5 yrs.</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Moberly</u>		d. STREET ADDRESS (If rural, give location) <u>603 N. Ault St.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>603 N. Ault St.</u>				d. STREET ADDRESS <u>603 N. Ault St.</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Fred</u> b. (Middle) <u>Dudley</u> c. (Last) <u>Moffett</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>7-21-54</u>				
5. SEX <u>Male</u>		6. COLOR OF RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)		8. DATE OF BIRTH <u>5-27-1878</u>	
9. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Newspaper work</u>		10. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State, or Foreign Country) <u>Gratoot, Wisconsin</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Fred B. Moffett</u>		13b. MOTHER'S MAIDEN NAME <u>Sue Mason</u>		14. NAME OF HUSBAND OR WIFE <u>Elmer B. Moffett</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO. <u>No</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Elmer B. Moffett</u> ADDRESS <u>Moberly, Mo.</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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Arteriosclerosis general</u> 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. <u>Pernicious Anemia</u>					INTERVAL BETWEEN ONSET AND DEATH <u>5 years</u> <u>10 years</u>
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>1500</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input 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>Sept 6, 1951</u> , to <u>July 21, 1954</u> , that I last saw the deceased alive on <u>July 11, 1954</u> , and that death occurred at <u>4 P.</u> m., from the causes and on the date stated above.							
23a. SIGNATURE <u>Elmer B. Moffett</u> (Degree or title) <u>MD</u>				23b. ADDRESS <u>Moberly Mo</u>		23c. DATE SIGNED <u>July 22 1954</u>	
24a. CREMATION, BURIAL, OR OTHER DISPOSITION (Specify) <u>Cremation</u>		24b. DATE <u>7-23-54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Newsumer & Sons Kansas City, Mo.</u>		24d. LOCATION (City, town, or county) (State) <u>Moberly Mo.</u>	
DATE REC'D BY LOCAL REG. <u>7-23-54</u>		REGISTRAR'S SIGNATURE <u>Paul Wilcox</u>		27. GENERAL DIRECTOR'S SIGNATURE <u>Marion E. McMillin</u>		ADDRESS <u>Moberly Mo</u>	

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 Maria E. Million

Licensed Embalmer No. 3957

P. O. Address Meriden, 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.