

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

FILED SEP 9 1954

State File No. 28524

BIRTH NO. _____ REG. DIST. NO. 275 PRIMARY REG. DIST. NO. 3053 Registrar's No. 164

1. PLACE OF DEATH a. COUNTY <u>Phelps</u> (Phelps)		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Crawford</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rolla</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Crawford Rural</u> <u>0280</u>	
c. LENGTH OF STAY (in this place) <u>3 Hrs.</u>		d. STREET ADDRESS (If rural, give location) <u>R. R. # 3 Cuba</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Phelps County Mem. Hosp.</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Hazel</u> b. (Middle) <u>Dove</u> c. (Last) <u>Moeckli</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Sept. 2 1954</u>
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Jan. 27, 1910</u>	9. AGE (In years last birthday) <u>44</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 1 HR. Hours _____ Mins. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Fitting Machine Opr.</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Cuba, Shoe Co.</u>	11. BIRTHPLACE (State or foreign country) <u>Meta, Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>
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13a. FATHER'S NAME <u>George Vaughan</u>	13b. MOTHER'S MAIDEN NAME <u>Roberta Helton</u>	14. NAME OF HUSBAND OR WIFE <u>Allen Martin Moeckli</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No.</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Allen Martin Moeckli, Rte 3, Cuba, Mo.</u> ADDRESS
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>3 hrs</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Basilar Skull fracture</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>E8104 27</u>			

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT (Specify) <u>Accident</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Frisco Tracks, Cuba</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Mo., Cuba, Crawford Missouri</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Sept. 2, 1954 4:30 P.</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Car became stalled on track.</u>
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22. I hereby certify that I attended the deceased from 9-2, 1954 to 9-2, 1954, that I last saw the deceased alive on 9-2, 1954, and that death occurred at 8:00 P. m., from the causes and on the date stated above.

23a. SIGNATURE <u>H. A. Elders, M.D.</u> (Degree or title)	23b. ADDRESS <u>Cuba, Mo.</u>	23c. DATE SIGNED <u>9-3-54</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Sept. 5, 1954</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Union Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Blanz Missouri.</u>
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DATE REC'D BY LOCAL REG. <u>Sept 3, 1954</u>	REGISTRAR'S SIGNATURE <u>Nadine L. Stahl</u>	380- 25. FUNERAL DIRECTOR'S SIGNATURE <u>Paul H. Howard</u> ADDRESS <u>Cuba, Mo.</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10. 48

County File Number _____
Date Filed SEP 7 1954

SEP 9 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 _____

working under my personal supervision.

Student Embalmer No. _____

Signed [Signature]

Signed.....
Student Embalmer

Licensed Embalmer No. 3472

P. O. Address Suba, 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.