

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **37211**  
Registrar's No. **86**

FILED NOV 19 1954

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **140** PRIMARY REG. DIST. NO. **3024**

1. PLACE OF DEATH a. COUNTY <b>Howard</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Howard</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Fayette, Missouri</b>		c. CITY OR TOWN <b>Fayette</b>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) <b>14 days</b>		STREET ADDRESS (If rural, give location) <b>East Morrison Street 045/0</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Lee Hospital</b>			

3. NAME OF DECEASED (Type or Print)	a. (First) <b>Frances</b>	b. (Middle) <b>Caroline</b>	c. (Last) <b>Moyer</b>	4. DATE OF DEATH (Month) (Day) (Year)	<b>Oct. 24, 1954</b>
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5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>3/23/1874</b>	9. AGE (In years last birthday) <b>80</b>	IF UNDER 1 YEAR Months <b>7</b> Days <b>1</b>	IF UNDER 24 HRS. Hours <b>1</b> Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>House Work</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Own Home</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Oakford, Illinois</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
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13a. FATHER'S NAME <b>Charles Harmon</b>	13b. MOTHER'S MAIDEN NAME <b>Mary Lawson</b>	14. NAME OF HUSBAND OR WIFE <b>John W. Moyer</b>
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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) <b>No.</b>	16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mrs. F.L. Strodman Fayette, Mo.</b>
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Carcinoma of urinary bladder</b>		
	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 <b>Sudden Cardiac Collapse</b>		<b>None</b>	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <b>18ix</b>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR
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22. I hereby certify that I attended the deceased from **1948**, to **Oct 24, 1954**, that I last saw the deceased alive on **Oct 24, 1954**, and that death occurred at **7:30 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>Mr. Shaw M.D.</b>	23b. ADDRESS <b>Fayette, Mo.</b>	23c. DATE SIGNED <b>10-25-54</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>10/26/1954</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Hackley Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Fayette, Missouri</b>
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DATE REC'D BY LOCAL REG. <b>10-25-54</b>	REGISTRAR'S SIGNATURE <b>Mary K. Shell</b>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Ralph A. Cow Fayette, Mo.</b>
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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.....  
Signature of Student Embalmer

Signed *Ralph A. Carr*.....

Licensed Embalmer No. *33*.....

P. O. Address *Fayette*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.