

FILED APR 19 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

14438

State File No.

BIRTH NO. _____ REG. DIST. NO. 353 PRIMARY REG. DIST. NO. 6196 Registrar's No. 10

1. PLACE OF DEATH a. COUNTY <u>Texas</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO</u> b. COUNTY <u>Texas</u>	
b. CITY OR TOWN <u>Rural Shurrell</u>		c. CITY OR TOWN <u>Maples</u>	
c. LENGTH OF STAY (In this place) <u>Wife</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION _____			
e. STREET ADDRESS (If rural, give location) <u>1/2 mi N. of Maples MO</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Martha</u> b. (Middle) <u>Ellen</u> c. (Last) <u>Moreland</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>April 10, 1955</u>		
5. SEX <u>F</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	
8. DATE OF BIRTH <u>Mar-15, 1873</u>		9. AGE (In years last birthday) <u>82</u>		10. IF UNDER 1 YEAR Months _____ Days _____	
10a. USUAL OCCUPATION (Give kind of work depending most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and State or Foreign Country) <u>Shannon Co. MO</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>John Esmond</u>		13b. MOTHER'S MAIDEN NAME <u>Not known</u>	
14. NAME OF HUSBAND OR WIFE <u>W. Moreland deceased</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, unknown) <u>No</u>		16. SOCIAL SECURITY NO. <input checked="" type="checkbox"/>	

17. INFORMANT'S SIGNATURE OR NAME <u>Shirley Moreland</u>		ADDRESS <u>Maples MO</u>	
---	--	--------------------------	--

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cardiac & pulmonary arrest</u>		II. OTHER SIGNIFICANT CONDITIONS			
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		DUE TO (b) <u>Cerebral vascular accident</u>		4 weeks	
DUE TO (c) <u>malignant hypertension & Cardiovascular renal disease</u>		DUE TO (b) <u>Cerebral vascular accident</u>		4 weeks	
DUE TO (c) <u>malignant hypertension & Cardiovascular renal disease</u>		DUE TO (b) <u>Cerebral vascular accident</u>		4 weeks	
DUE TO (c) <u>malignant hypertension & Cardiovascular renal disease</u>		DUE TO (b) <u>Cerebral vascular accident</u>		4 weeks	

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		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, 1953, to April 9, 1955, that I last saw the deceased alive on April 9, 1955, and that death occurred at 2:00 P.M., from the causes and on the date stated above.

23a. SIGNATURE <u>B. J. Myers M.D.</u>		23b. ADDRESS <u>Licking, MO</u>		23c. DATE SIGNED <u>4-12-55</u>	
--	--	---------------------------------	--	---------------------------------	--

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Buried</u>		24b. DATE <u>4-12-55</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Roseberry Cem.</u>	
24d. LOCATION (City, town, or county) (State) <u>Phelps Co MO</u>		24e. NAME OF CEMETERY OR CREMATORY <u>Phelps Co MO</u>		24f. LOCATION (City, town, or county) (State) <u>Phelps Co MO</u>	

DATE REC'D BY LOCAL REG. <u>April 13, 1955</u>		REGISTRAR'S SIGNATURE <u>Elvora Hease</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Smith Ferguson</u>	
ADDRESS _____		ADDRESS _____		ADDRESS <u>Licking MO</u>	

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 *Erbert E. Ferguson*.....

Licensed Embalmer No. *394*.....

P. O. Address *Licking*.....

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.