

FILED DEC 8 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **36349**

BIRTH NO. _____		REG. DIST. NO. <b>77</b>		PRIMARY REG. DIST. NO. <b>5305</b>		Registrar's No. <b>6</b>		
1. PLACE OF DEATH a. COUNTY <b>Cole</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Cole</b>				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Jefferson City</b>		c. LENGTH OF STAY (In this place) <b>LIFE</b>		c. CITY OR TOWN <b>Jefferson City</b>		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: <b>Liberty Township</b>				e. STREET ADDRESS (If rural, give location) <b>Liberty Township</b>				
3. NAME OF DECEASED (Type or Print) a. (First) <b>JOHN</b> b. (Middle) <b>GERHARD</b> c. (Last) <b>MOELLER</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>DEC 3, 1955</b>					
5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		8. DATE OF BIRTH <b>Sept. 7, 1865</b>		
9. AGE (In years last birthday) <b>90</b>		IF UNDER 1 YEAR Months <b>2</b> Days <b>26</b>		IF UNDER 1 HR. Hours <b></b> Min. <b></b>				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer</b>			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <b>Taos, Mo.</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13a. FATHER'S NAME <b>JOHN HENRY MOELLER</b>			13b. MOTHER'S MAIDEN NAME <b>MARY ANN ALFERS</b>			14. NAME OF HUSBAND OR WIFE: <b>CATHERINE WILBERS</b>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>NO</b> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <b>NONE</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>MRS CATHERINE MOELLER J. C. MO.</b>				
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>myocardial infarction</b> ANTECEDENT CAUSES DUE TO (b) <b>arteriosclerosis</b> DUE TO (c) <b>4201</b> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Acute chronic cholelithiasis</b>					INTERVAL BETWEEN ONSET AND DEATH <b>few minutes</b> <b>years</b>	
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 <b>Nov 15, 1955</b> to <b>Dec 2, 1955</b> , that I last saw the deceased alive on <b>Dec 2, 1955</b> and that death occurred at <b>3-45 A.</b> , from the causes and on the date stated above.								
23. SIGNATURE (Degree or title) <b>Dean A. Dayer M.D.</b>				23b. ADDRESS <b>Jefferson City, Mo. S-50</b>		23c. DATE SIGNED		
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		24b. DATE <b>12/6/55</b>		24c. NAME OF CEMETERY OR CREMATORY <b>ST. STANISLAUS</b>		24d. LOCATION (City, town, or county) (State) <b>WARDSVILLE, MO.</b>		
DATE REC'D BY LOCAL REG. <b>6 Dec 1955</b>		REGISTRAR'S SIGNATURE <b>R. P. Davis</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Sylvester Dulle</b>		ADDRESS <b>J. C. MO.</b>		

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300  
10. 48

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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.....  
*Sylvester Spiller*

Licensed Embalmer No. 432

P. O. Address *Jefferson*

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.