

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

40031

State File No.

FILED JAN 3 1956

BIRTH NO. _____ REG. DIST. NO. 77 PRIMARY REG. DIST. NO. 3016 Registrar's No. 374

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| 1. PLACE OF DEATH a. COUNTY <u>Cole</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Osage</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Jefferson City, Mo.</u> | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Chamois</u> | |
| c. LENGTH OF STAY (in this place) <u>30 days</u> | | d. STREET ADDRESS (If rural, give location) <u>City</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Marys Hospital</u> | | | |

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| 3. NAME OF DECEASED (Type or Print) a. (First) <u>MARK</u> b. (Middle) <u>Joseph</u> c. (Last) <u>MORAN</u> | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>Dec 21 55</u> | | |
| 5. SEX <u>MALE</u> | | 6. COLOR OR RACE <u>White</u> | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u> | |
| 8. DATE OF BIRTH <u>12 Apr 1898</u> | | 9. AGE (In years last birthday) <u>57</u> | | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMER</u> | |
| 10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u> | | 11. BIRTHPLACE (State or foreign country) <u>Missouri</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u> | |

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|--|--|---|--|---|--|
| 13a. FATHER'S NAME <u>JAMES MORAN</u> | | 13b. MOTHER'S MAIDEN NAME <u>ALLEN Donehue</u> | | 14. NAME OF HUSBAND OR WIFE <u>Anna Leimkitt</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>Unknown</u> | | 17. INFORMANT'S SIGNATURE OR NAME <u>Anna Moran</u> | |
| | | | | ADDRESS <u>Chamois Mo</u> | |

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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. | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* <u>Cardio Vascular Final disease</u> | | INTERVAL BETWEEN ONSET AND DEATH |
| | ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Generalized arteriosclerosis</u> | | |
| | II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Spontaneous Pneumothorax at base</u> | | |

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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
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| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>C</u> | 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) m. | 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 1935, 1935 to 12-20, 1955, that I last saw the deceased alive on 12-26, 1955, and that death occurred at 12:40 a. m., from the causes and on the date stated above.

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| 23a. SIGNATURE (Degree or title) <u>W. V. McNelly, M.D.</u> | 23b. ADDRESS <u>Jefferson City Mo</u> | 23c. DATE SIGNED <u>21 Dec 1955</u> |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u> | 24b. DATE <u>12-23-55</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>St. George Cem. Linn Mo</u> | 24d. LOCATION (City, town, or county) (State) <u>Linn Missouri</u> |
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| DATE REC'D BY LOCAL REG. <u>22 Dec 1955</u> | REGISTRAR'S SIGNATURE <u>R. P. Barrie M.D.</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Stanley Conroy</u> | ADDRESS <u>Chamois Mo</u> |
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(Licensed Embalmer's Statement on Reversed Side)

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

9561 8 JUN

JUN 14 1956

JUN 30 1956

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.....

Stanley E. Meyer

Licensed Embalmer No. 4639

P. O. Address Chamais 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.