

FILED JUN 10 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 19772

BIRTH NO. _____ REG. DIST. NO. 226 PRIMARY REG. DIST. NO. 4482 Registrar's No. 120

1. PLACE OF DEATH a. COUNTY Scotland		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Same		b. COUNTY <input checked="" type="checkbox"/>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Memphis		c. LENGTH OF STAY (In this place) 1 YEAR		c. CITY OR TOWN Memphis	
d. FULL NAME OF HOSPITAL OR INSTITUTION		e. STREET ADDRESS (If full, give location) 09th			

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) Arthur	b. (Middle) Grey	c. (Last) Moffett	(Month) May	(Day) 30	(Year) 1957

5. SEX <input checked="" type="radio"/> Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH April 9 1871	9. AGE (In years last birthday) 86	IF UNDER 1 YEAR Months 1	IF UNDER 24 HRS. Days 21
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer (retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) Scotland County Mo.	12. CITIZEN OF WHAT COUNTRY? U.S.
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13a. FATHER'S NAME Chas Daniel Moffett	13b. MOTHER'S MAIDEN NAME Sarah E. Romjue	14. NAME OF HUSBAND OR WIFE Verna A. Moffett
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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) No.	16. SOCIAL SECURITY No. 496408109A	17. INFORMANT'S SIGNATURE OR NAME Gordon Moffett	ADDRESS Memphis
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary thrombosis		3 days
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) arteriosclerosis DUE TO (c) H2O.IH		5 years
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Carcinoma Prostate		3 years	

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)	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 **4-7**, 19**49**, to **5-30**, 19**57**, that I last saw the deceased alive on **5-30**, 19**57**, and that death occurred at **11:50 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE E. E. Sullivan M.D.	(Degree or title) <input checked="" type="checkbox"/>	23b. ADDRESS Memphis, Tenn	23c. DATE SIGNED 5-31-57
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24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE 6-1-57	24c. NAME OF CEMETERY OR CREMATORY Memphis Union	24d. LOCATION (City, town, or county) (State) Memphis - Mo.
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DATE REC'D BY LOCAL REG. 6-5-57	REGISTRAR'S SIGNATURE Verna S. Purves	2. FUNERAL DIRECTOR'S SIGNATURE R. H. Purves	ADDRESS South Memphis, Tenn
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(Licensed Embalmer's Statement on Reverse Side)

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

4765

OCT 17 1957

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 *(Signature)*.....

Licensed Embalmer No. 259

P. O. Address *(Address)*.....

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.