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THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-012034
STATE FILE NUMBER

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 2720

300
-57

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1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Illinois</u> b. COUNTY <u>Christian</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>St. Louis</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>Taylorville</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>35 VA HOSPITAL</u>		Length of stay in 1b <u>19 days</u>	d. STREET ADDRESS (If outside, give location) <u>32 1228 W. Vandevener</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last <u>Albert M. Moats</u>			4. DATE OF DEATH Month Day Year <u>3-5-58</u>
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>4-3-94</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Merchant</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Grocery Store</u>	9. AGE (In years at birthday) <u>63</u> IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.
11. BIRTHPLACE (City and state or country) <u>Riverton, Illinois</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Silas Moats</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Monical</u>	
14. NAME OF HUSBAND OR WIFE <u>Mary D. Moats</u>		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, Yes unknown) (If yes, give year or dates of service) <u>Yes</u>	
16. SOCIAL SECURITY NO. <u>332038582</u>		17. INFORMANT Address <u>VA HOSPITAL RECORDS, ST. LOUIS, MO.</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>CORDIAC ARRHYTHMIA</u> DUE TO (b) <u>ARTERIOSCLEROTIC HEART DISEASE WITH CONGESTIVE FAILURE</u> DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) - - - - -			INTERVAL BETWEEN ONSET AND DEATH <u>MINUTES</u> <u>SEVERAL MONTHS</u>
20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> (NONE)		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <u>420.0</u>	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.		20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. Attended the deceased from <u>2-14-58</u> to <u>3-5-58</u> and last saw ^{her} _{him} alive on <u>3-5-58</u> Death occurred at <u>11:38p</u> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>Leo Neu Jr., M.D.</u>		22b. ADDRESS <u>VAH, ST. LOUIS, MO.</u>	22c. DATE SIGNED <u>3/6/58</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	23b. DATE <u>3/6/58</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Taylorville, Ill</u>	23d. LOCATION (City, town, or county) (State) <u>Taylorville, Ill</u>
24. FUNERAL DIRECTOR ADDRESS <u>Edward Fendler 5611 South Grand Blvd.</u>		25. DATE RECD. BY LOCAL REG. <u>MAR 7 '58</u>	26. REGISTRAR'S SIGNATURE <u>Carl Smith Mo</u> <u>mkb</u>

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Doctor, coroner, etc. must use any standard nomenclature. All diseases in Part I must be causally related.

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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 *Stadley F. Jallier Jr*
Licensed Embalmer No. *14950*
P. O. Address *St. Louis*

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.