

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-026183
STATE FILE NUMBER

FILED AUG 7 1958 Registration District No. 385 Primary Registration District No. 3039 Registrar's No. 335

S. 300
1-57

1. PLACE OF DEATH a. COUNTY LINN			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO. b. COUNTY CHARITON		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN MARCELINE		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN MARCELINE		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION ST. FRANCIS HOSP.		Length of stay in lb 24 hrs	d. STREET ADDRESS RFD.1		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First ALBERT Middle THOMAS Last MOYLAN			4. DATE OF DEATH 7/21/58 Month Day Year		
5. SEX M	6. COLOR OR RACE M	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> 2 DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 12/9/1887	9. AGE (In years last birthday) 70	IF UNDER 1 YEAR Months 7 Days 12
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) IOWA		12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME PATRICK		13b. MOTHER'S MAIDEN NAME MARY THORTEN		14. NAME OF HUSBAND OR WIFE CECELIA (DEC)	
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.	17. INFORMANT Address THOMAS MOYLAN MARCELINE, MO.		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute Myocardial Infarction					INTERVAL BETWEEN ONSET AND DEATH 7/19/58-7/21/58
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.					4201
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (c)					19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)		
20c. TIME OF INJURY a.m. Month, Day, Year p.m.					
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from 7/20/58 to 7/21/58 and last saw <input checked="" type="checkbox"/> alive on 7/21/58 Death occurred at 120 P m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) Blennon G. Hanes, M.D.			22b. ADDRESS Marceline, Mo. 121 N. Kansas		22c. DATE SIGNED 7/22/58
23a. BURIAL, CREMATION, REMOVAL (Specify) B		23b. DATE 7/23/58	23c. NAME OF CEMETERY OR CREMATORY CATHOLIC CEM.		23d. LOCATION (City, town, or county) (State) CHILLICOTHE, MO.
24. FUNERAL DIRECTOR ADDRESS JAMES MCLAUGHLIN MARCELINE, MO			25. DATE RECD. BY LOCAL REG. 7-23-58	26. REGISTRAR'S SIGNATURE Brookie Owens	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

30

SEP 9 1958

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 Gerald T. Wade

Licensed Embalmer No. 4172

P. O. Address Brown

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.