

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-000705  
STATE FILE NUMBER

FILED JAN 22 1959 Registration District No. 77 Primary Registration District No. 5305 Registrar's No. 1

300  
1-57

1. PLACE OF DEATH a. COUNTY Cole <i>Liberty</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Cole	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>Jefferson City, Mo.</i> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		c. CITY OR TOWN <i>Jefferson City, Mo.</i> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF HOSPITAL OR INSTITUTION <i>R.R. # 3</i> Length of stay in 1b		d. STREET ADDRESS (If outside, give location) <i>R. R. # 3</i> Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Middle Last <i>KATHERINE MOELLER</i>			4. DATE OF DEATH Month Day Year <i>JAN. 17, 1959</i>		
5. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> 2 DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <i>Dec. 21, 1872</i>	9. AGE (In years by birthday) <i>86</i>	IF UNDER 1 YEAR Months <i>0</i> Days <i>26</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <i>Wardsville, Mo.</i>		12. CITIZEN OF WHAT COUNTRY? <i>USA</i>

13a. FATHER'S NAME <i>Herman Wilbers</i>		13b. MOTHER'S MAIDEN NAME <i>Bernadine Forck</i>		14. NAME OF HUSBAND OR WIFE <i>John Moeller</i>	
15. WAS DECEASED EVER IN U. S. ARMY, NAVY, AIR FORCE, MARINE CORPS, OR COAST GUARD (Yes, no, or unknown) (If yes, give war or dates of service) <i>NO</i>		16. SOCIAL SECURITY NO. <i>None</i>		17. INFORMANT Address <i>Herman Moeller R # 3 Jefferson City</i>	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Myocardial infarction</i> DUE TO (b) <i>Generalized arteriosclerosis</i> DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			INTERVAL BETWEEN ONSET AND DEATH <i>Months</i> <i>years</i>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 2

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 Hour Month, Day, Year a.m. 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 *Jan 1 9 AM* to *Jan 17/59* and last saw her alive on *1-17-59*  
Death occurred at \_\_\_\_\_ of the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) <i>Dean D. Taylor M.D.</i>		22b. ADDRESS <i>Jefferson City, Mo.</i>		22c. DATE SIGNED <i>1-20-59</i>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		23b. DATE <i>1/20/59</i>		23c. NAME OF CEMETERY OR CREMATORY <i>St. Stanislaus</i>	
				23d. LOCATION (City, town, or county) (State) <i>Wardsville, Mo.</i>	

24. FUNERAL DIRECTOR ADDRESS <i>Lybrate Spille J C Mo.</i>		25. DATE RECD. BY LOCAL REG. <i>20 January 1959</i>		26. REGISTRAR'S SIGNATURE <i>R. P. Harris MD-7R</i>	
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

ALL DISEASES IN PART I MUST BE CAUSALLY RELATED

8

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 Dulle*

Licensed Embalmer No. *4321*

P. O. Address *Jefferson City*

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.