RI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

59-029661

STATE FILE NUMBER

FILED VS AUG 18 1959

Registration District No. 115 Primary Registration District No. 3036 Registrar's No. 80

IDED

1. PLACE OF DEATH
a. COUNTY Lawrence, County
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Aurora, Missouri — Length of stay in 1b
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) 1110 S. Elliott — Inside Limits Yes ☐ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Lawrence
c. CITY OR TOWN Aurora, Missouri — Inside Limits Yes ☐ No ☐
d. STREET ADDRESS (If outside, give location) 1110 S. Elliott — Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print) First Silas Middle Claude Last Moats

4. DATE OF DEATH Month Aug. Day 14, Year 1959

5. SEX male

6. COLOR OR RACE white

7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐

8. DATE OF BIRTH 12-20-1886

9. AGE (last birthday) 72 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HR Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) retired railroad agent

10b. KIND OF BUSINESS OR INDUSTRY railroad

11. BIRTHPLACE (City and state or country) Homer, Ill.

12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME Silas Moats

13b. MOTHER'S MAIDEN NAME Mary Catherine Monical

14. NAME OF HUSBAND OR WIFE Pearl Moats

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. 710-18-9057

17. INFORMANT Pearl Moats — Address Aurora, Missouri

MEDICAL CERTIFICATION

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 Cardiac failure — INTERVAL BETWEEN ONSET AND DEATH 1 week
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Hypertensive C.V. disease & several
DUE TO (c) congestive heart failure years
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

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 Sept. 1957, to Aug 14 1959 and last saw ~~her~~ him alive on Aug 14-1959
Death occurred at 7:50 p m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) [signature] M.D.

22b. ADDRESS Geo S. Elliott Aurora

22c. DATE SIGNED Aug 15/59

23a. BURIAL, CREMATION, REMOVAL (Specify) ~~burial~~ Removal

23b. DATE Aug. 17, 1959

23c. NAME OF CEMETERY OR CREMATORY Oak Ridge Cemetery

23d. LOCATION (City, town, or county) (State) Springfield, Illinois

24. FUNERAL DIRECTOR ADDRESS Oscar L. Marsh, Aurora, Missouri

25. DATE RECD. BY LOCAL REG. Aug. 15-1959

26. REGISTRAR'S SIGNATURE

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF

SEP 17 1959

JAN 19 1962

SEP 2 1959

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by (

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____ Signed _____
Signature of Student Embalmer

Licensed Embalmer No. 2213

P. O. Address Monett, M

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to com 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.