URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS SEP 12 1960

-60-031182
STATE FILE NUMBER

NDED

Registration District No. 171 Primary Registration District No. 4265 Registrar's No. 29

1. PLACE OF DEATH a. COUNTY Lafayette	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Lafayette
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Napoleon ([redacted]) — Length of stay in 1b: 70 years	c. CITY OR TOWN Napoleon — Inside Limits: Yes ☒ No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Napoleon, Mo. — Inside Limits: Yes ☒ No ☐	d. STREET ADDRESS (If outside, give location) — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First EMMA Middle MARIE Last MOELLERING

4. DATE OF DEATH: Month August Day 25 Year 1960

5. SEX: Female

6. COLOR OR RACE: White

7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐

8. DATE OF BIRTH: 3/12/1863

9. AGE (last birthday): 97

IF UNDER 1 YEAR / IF UNDER 24 HR: Months | Days | Hours | Min.

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

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (City and state or country): New Melle, Mo.

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

13a. FATHER'S NAME: Ernest Meier

13b. MOTHER'S MAIDEN NAME: Elizabeth Welker

14. NAME OF HUSBAND OR WIFE: George Moellering

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

16. SOCIAL SECURITY NO.: None

17. INFORMANT: Mrs. Emma Larberg Address: Napoleon, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	Cardiac Decompensation	3days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	Cardio -Vascular Hepatic Renal Syndrome	1year
DUE TO (c)	Arteriosclerosis	20 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 Nov. 1958 to August 25,1960 and last saw her/him alive on August 25,1960

Death occurred at 1;30 A m on the date stated above, and to the best of my knowledge, from the causes stated.

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

22b. ADDRESS Wellington,Mo

22c. DATE SIGNED 8-31-60

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial

23b. DATE 8/27/1960

23c. NAME OF CEMETERY OR CREMATORY St. Pauls E. & R.

23d. LOCATION (City, town, or county) (State): Napoleon, Missouri

24. FUNERAL DIRECTOR ADDRESS: J. C. Sheppard Wellington, Mo.

25. DATE RECD. BY LOCAL REG.: Sept. 1, 1960

26. REGISTRAR'S SIGNATURE: Emma Davidson

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF

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_____ Signature of Student Embalmer

Signed J. Blair Sheppard

Licensed Embalmer No. 479

P. O. Address Wellington, I

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.