S. No. 300
v. 10.48

FILED FEB 3 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 2350

BIRTH NO. _____ REG. DIST. NO. 247 PRIMARY REG. DIST. NO. 4366 Registrar's No. 4

5730
1

1. PLACE OF DEATH
a. COUNTY: Newton
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Granby
c. LENGTH OF STAY (In this place): Yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): At Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Newton
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Granby 173
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) JAMES b. (Middle) FRANCIS c. (Last) MOFFETT
4. DATE OF DEATH (Month) (Day) (Year): 1-14-1953
5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 8-1-1887
9. AGE (In years last birthday): 63 — IF UNDER 1 YEAR: Months 5 Days 7 — IF UNDER 24 HRS.: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer
10b. KIND OF BUSINESS OR INDUSTRY: Mining
11. BIRTHPLACE (State or foreign country): Granby Mo
12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME: James Moffett
13b. MOTHER'S MAIDEN NAME: Anna Lucas
14. NAME OF HUSBAND OR WIFE: Theresa Moffett
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): World War I
16. SOCIAL SECURITY NO.:
17. INFORMANT'S SIGNATURE OR NAME: Mrs. Theresa Moffett ADDRESS: Granby

MEDICAL CERTIFICATION

18. CAUSE OF DEATH. Enter only one cause per line for (a), (b), and (c).

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Heart. — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Hypertension

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death. 4201

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* about 2 yrs., 19__, *to* 1-14, 1953, *that I last saw the deceased alive on* 1-13, 1953, *and that death occurred at* 12 30 p m., *from the causes and on the date stated above.*

23a. SIGNATURE: D. E. Rolens (Degree or title) MD
23b. ADDRESS: Granby Mo.
23c. DATE SIGNED: 1-15-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 1-16-1953
24c. NAME OF CEMETERY OR CREMATORY: Granby Mem
24d. LOCATION (City, town, or county) (State): Granby Mo

DATE REC'D BY LOCAL REG.: Jan. 15, 1953
REGISTRAR'S SIGNATURE: M. L. Young
25. FUNERAL DIRECTOR'S SIGNATURE: Culver-Stevenson ADDRESS: Granby Mo

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

NEWTON COUNTY HEALTH UNIT

15311

1-22-53

NEOSHO, MISSOURI

FEB 2 1953

FEB 4 1953

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 Floyd Shoemake Jr., Student Embalmer No. 455, working under my personal supervision.

Student Floyd Shoemake Jr.
Student Embalmer

Signed G. E. Culver

Licensed Embalmer No. 3584

P. O. Address Cassville, Mo.

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 this body is not embalmed, fact should be so stated above.