

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **39519**

FILED JAN 5 1949

159

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

BIRTH NO. _____		REG. DIST. NO. <u>49</u>		PRIMARY REG. DIST. NO. <u>4069</u>		Registrar's No. <u>17</u>		
1. PLACE OF DEATH a. COUNTY <u>Camden</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Camden</u>				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Macks Creek</u>		c. LENGTH OF STAY (in this place) <u>15 years</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Macks Creek Mo</u>				
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>none</u>				d. STREET ADDRESS (If rural, give location)				
3. NAME OF DECEASED (Type or Print) a. (First) <u>Ann</u> b. (Middle) <u>Elizabeth</u> c. (Last) <u>Moulder</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Dec 22 1948</u>					
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)		8. DATE OF BIRTH <u>Jan 25-1863</u>		
9. AGE (In years last birthday) <u>85</u>		10. MONTHS <u>10</u>		11. BIRTHPLACE (State or foreign country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housekeeper</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country)		12. CITIZEN OF WHAT COUNTRY?		
13a. FATHER'S NAME <u>Thomas Leugston Warren</u>		13b. MOTHER'S MAIDEN NAME <u>Elizabeth Elmore</u>		14. NAME OF HUSBAND OR/WIFE <u>Silas Elmore Moulder</u>				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Susan Jackson Elkland Mo</u>				
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <u>131A</u>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic Interstitial Nephritis</u> INTERVAL BETWEEN ONSET AND DEATH <u>about 5 yrs</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION					20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
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)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?				
22. I hereby certify that I attended the deceased from <u>Jan 1940</u> , to <u>Dec 22, 1948</u> , that I last saw the deceased alive on <u>Dec 22, 1948</u> , and that death occurred at <u>8 A m.</u> , from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) <u>G.D. Myers M.D.</u>				23b. ADDRESS <u>Macks Creek Mo</u>		23c. DATE SIGNED <u>12/22/48</u>		
24a. BURIAL CREMATION, REMOVAL (Specify)		24b. DATE <u>Dec 24 1948</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Macks Creek Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Macks Creek Mo</u>		
DATE REC'D BY LOCAL REG. <u>12-22-1948</u>		REGISTRAR'S SIGNATURE <u>G.D. Myers M.D.</u>		41		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>R.B. Snow Buffalo</u>		

RECEIVED
District Health Officer No. 7
District File Number 12-48-1506
Date Filed 1-7-48

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.

Signed Leonard B. Jones

Signed
Student Embalmer

Licensed Embalmer No. 2508

P. O. Address Duffalo MS

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.