

FILED JAN 10 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

40592

State File No.

BIRTH NO. _____ REG. DIST. NO. 166 PRIMARY REG. DIST. NO. 4254 Registrar's No. 17

1. PLACE OF DEATH a. COUNTY <u>Johnson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Johnson</u>	
b. CITY (If outside corporate limits, write RURAL and give town) OR TOWN <u>Knob Noster</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Knob Noster</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED (Type or Print) a. (First) <u>ELSWORTH</u> b. (Middle) _____ c. (Last) <u>MOORMAN</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Dec. 27, 1948</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Oct. 18, 1868</u>
9. AGE (In years last birthday) <u>80</u>		10. UNDER 1 YEAR Months <u>2</u> Days <u>9</u>	11. UNDER 28 HRS. Hours <u> </u> Min. <u> </u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Brick Layer & Masonery</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Bates County, Missouri</u>
12. CITIZEN OF WHAT COUNTRY?		13a. FATHER'S NAME <u>Edward Moorman</u>	
13b. MOTHER'S MAIDEN NAME <u>Eldwood</u>		14. NAME OF DECEASED'S WIFE <u>Minnie C. Moorman</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>494-12-3421</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Minnie Moorman</u>
17. ADDRESS <u>Knob Noster</u>		18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <u>9414</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <u>9414</u>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Occlusion</u> ANCECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u> </u>	
19a. DATE OF OPERATION <u> </u>		19b. MAJOR FINDINGS OF OPERATION <u> </u>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21a. ACCIDENT SUICIDE HOMICIDE (Specify) <input checked="" type="checkbox"/>	
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN OR TOWNSHIP) (COUNTY) (STATE) <u>Knob Noster, Johnson, MO</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m. <u> </u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? <u> </u>		22. I hereby certify that I attended the deceased from <u>Dec 27, 1948</u> to <u>Dec 27, 1948</u> that I last saw the deceased alive on <u>Dec 27, 1948</u> , and that death occurred at <u>4:45</u> m., from the causes and on the date stated above.	
23a. SIGNATURE <u>H. W. Brown</u>		23b. ADDRESS <u>Knob Noster, MO</u>	
23c. DATE SIGNED <u>Dec 30, 48</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
24b. DATE <u>Dec. 30, '48</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Knob Noster Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>Knob Noster, Mo.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>W. Raymond Baker</u>	
25. ADDRESS <u>Knob Noster, Mo.</u>		DATE REC'D BY LOCAL REG. <u>12/28/48</u>	
REGISTRAR'S SIGNATURE <u>Ernie D. Beatty</u>		149	

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

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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 _____

W. Raymond Baker

Student Embalmer No. *25*

working under my personal supervision.

Signed *W. Raymond Baker*
Student Embalmer

Signed *C. L. Saulsb*

Licensed Embalmer No. *1086*

P. O. Address *Knob Noster*

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.