

14688

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

FILED APR 23 1949

No. 300

10.48

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

BIRTH NO. _____		REG. DIST. NO. <u>374</u>		PRIMARY REG. DIST. NO. <u>4647</u>		Registrar's No. <u>8</u>	
1. PLACE OF DEATH a. COUNTY <u>Worth</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Worth</u>			
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>Grant City</u> )			c. LENGTH OF STAY (in this place) <u>3 years</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Grant City</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>Mary</u>			b. (Middle) <u>Ann</u>		c. (Last) <u>Moler</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>3-28-1949</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>	8. DATE OF BIRTH <u>4-6-1859</u>		9. AGE (In years last birthday) <u>89</u>	IF UNDER 1 YEAR Months   Days <u>11</u>   <u>22</u>	IF UNDER 4 HRS. Hours   Min. <u></u>   <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>housewife</u>		11. BIRTHPLACE (State or foreign country) <u>Harrison County, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Simon Brubaker</u>		13b. MOTHER'S MAIDEN NAME <u>Margaret Miller</u>		14. NAME OF HUSBAND OR WIFE <u>Charles Moler</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>Mrs. Mary M. Davis Grant City, Mo.</u>			
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage,</u>  ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u>  DUE TO (b) <u>On left side</u>  DUE TO (c) <u>hypertension</u>				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) (m.)		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>3-28-</u> , 19 <u>49</u> , to <u>3-28</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>3-28</u> , 19 <u>49</u> , and that death occurred at <u>10A m.</u> from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>O. O. O. O. O. O.</u>				23b. ADDRESS <u>Butte, Mo</u>		23c. DATE SIGNED <u>4-11-49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>3-30-1949</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Honey Grove Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Grant City Mo.</u>		
DATE REC'D BY LOCAL REG. <u>4-14-49</u>		REGISTRAR'S SIGNATURE <u>Heta E. Dawson</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Clifford Brock Albany Mo</u>			

(Licensed Embalmer's Statement on Reverse Side)

DISTRICT HEALTH OFFICE  
Cameron, Mo.

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 me

Student Embalmer No. ....

working under my personal supervision.

Signed.....

*Clifford Bush*

Signed.....

Student Embalmer

Licensed Embalmer No. 3329

P. O. Address Albany 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.