

STANDARD CERTIFICATE OF DEATH

State File No. **19057**

FILED JUL 12 1949

BIRTH NO. _____ REG. DIST. NO. **99** PRIMARY REG. DIST. NO. **4170** Registrar's No. **28**

1. PLACE OF DEATH a. COUNTY DeKalb		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY DeKalb-32	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Union Star, Mo		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Union Star, Mo.	
c. LENGTH OF STAY (in this place) 15 yrs		d. STREET ADDRESS (If rural, give location) 1	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS	

3. NAME OF DECEASED (Type or Print) a. (First) Milton b. (Middle) David c. (Last) Moshier			4. DATE OF DEATH (Month) (Day) (Year) June 25, 1949		
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Feb 14, 1872	9. AGE (Years last birthday) 77 yrs	10. UNDER 1 YEAR (Months) (Days)
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Painter		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) London Mills, Ill.	
12. CITIZEN OF WHAT COUNTRY? U.S.A.					

13a. FATHER'S NAME Henry P. Moshier		13b. MOTHER'S MAIDEN NAME Eliza Courman		14. NAME OF HUSBAND OR WIFE Myrtle Moshier	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME Myrtle Moshier	
				ADDRESS Union Star, Mo.	

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, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion		INTERVAL BETWEEN ONSET AND DEATH 10 min
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arterio Sclerosis		
	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) (Min)	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 **June 25, 1949**, to **June 25, 1949**, that I last saw the deceased alive on **June 25**, 1949, and that death occurred at **9 P.M.**, from the causes and on the date stated above.

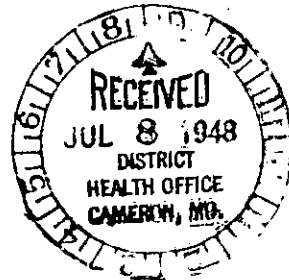
23a. SIGNATURE E. M. Reynolds M.D.	(Degree or title)	23b. ADDRESS Union Star Mo	23c. DATE SIGNED 6-27-49
--	-------------------	--------------------------------------	------------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE June 28, 1949	24c. NAME OF CEMETERY OR CREMATORY Union Star	24d. LOCATION (City, town, or county) (State) 1/2 mile North Union Star Mo
--	-----------------------------------	---	--

DATE REC'D BY LOCAL REG. June 28, 1949	REGISTRAR'S SIGNATURE Leslie D. ...	82	25. FUNERAL DIRECTOR'S SIGNATURE Lucile M. Wilson	ADDRESS King City, Mo.
--	---	----	---	----------------------------------

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

32
D
7



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 _____

Lucile M. Wilson

Signed _____
Student Embalmer

Licensed Embalmer No. 2830

P. O. Address King City, 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.