

FILED OCT 15 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 20125

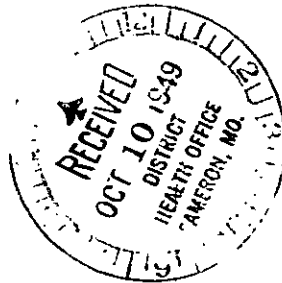
WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

BIRTH NO. _____ REG. DIST. NO. 2 PRIMARY REG. DIST. NO. 5012 Registrar's No. 377

| | | | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------|-------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------|
| 1. PLACE OF DEATH a. COUNTY <u>Aspirawan</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Andrew</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Union Star, Mo</u> | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Union Star Mo</u> Rural <u>Empire</u> | |
| c. LENGTH OF STAY (In this place) <u>72 yrs</u> | | d. STREET ADDRESS (If rural, give location) <u>1/4 mile West of City limits</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>James</u> | | b. (Middle) <u>Smeaton</u> | |
| c. (Last) <u>Moyes</u> | | 4. DATE OF DEATH (Month) (Day) (Year) <u>Sept. 27, 1949</u> | |
| 5. SEX <u>M</u> | 6. COLOR OR RACE <u>W</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u> | 8. DATE OF BIRTH <u>1865</u> <u>Sept. 19, 1864</u> |
| 9. AGE at last birthday <u>85</u> Months _____ Days _____ Hours _____ Min. _____ | | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Farmer</u> | |
| 11. BIRTHPLACE (State or foreign country) <u>Allegheny Co. Pa.</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> | |
| 13a. FATHER'S NAME <u>George A. Moyes</u> | | 13b. MOTHER'S MAIDEN NAME <u>Clara Smeaton</u> | |
| 14. NAME OF HUSBAND OR WIFE <u>Nannie Moyes</u> | | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> | |
| 16. SOCIAL SECURITY NO. _____ | | 17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Roy Ebersold</u> ADDRESS <u>2425 Douglas St. Joplin Mo</u> | |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) | | | |
| I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Senility, Mal Nutrition</u> | | | |
| ANTECEDENT CAUSES (b) _____ | | | |
| Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. (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 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) _____ | | 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>Sept 1, 1949</u> to <u>Sept 27, 1949</u> , that I last saw the deceased alive on <u>Sept 27, 1949</u> , and that death occurred at <u>6 P. m.</u> , from the causes and on the date stated above. | | | |
| 23a. SIGNATURE <u>E. M. Reynolds M.D.</u> (Degree or title) | | 23b. ADDRESS <u>Union Star Mo</u> | |
| 23c. DATE SIGNED <u>9-28-49</u> | | 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | |
| 24b. DATE <u>Sept. 29-1949</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>Union Star</u> | |
| 24d. LOCATION (City, town, or county) (State) <u>1/2 mile North Union Star</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Lucile M. Wilson King</u> ADDRESS <u>City, Mo</u> | |
| DATE REC'D BY LOCAL REG. <u>Oct 4, 1949</u> | | REGISTRAR'S SIGNATURE <u>Lillian Sparks</u> | |

DEC 7 1948

DEC 30 1948



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.

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

29175-49

State of Missouri }
County of DeKalb } ss.

State File No.

AFFIDAVIT FOR CORRECTION OF A RECORD Local Registrar's No. 377

On this 28th day of December, 1949, before me appears.....

Mrs. Roy Ebersold, who, upon her oath, states that the original record of ^{birth}/_{death}

for James Smeaton Moyes died September 27, 1949, 19....., in the State of
Missouri, and which was filed at Savannah, Mo., ~~born~~ on Oct 4, 1949, should be corrected as follows:

~~Item No. 8 should read November 19, 1865.~~

~~Instead of November 19, 1864.~~

Item No. 8 should read September 19, 1865

Instead of September 19, 1864.

Item No. 9 should read 84,

Instead of 85.

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

The above is true to the best of my knowledge, information and belief.

(SEAL)

✓ Affiant Mrs Roy Ebersold daughter
Relationship.

2425 Doniphan, St. Joseph, Mo.
Present Address.

Subscribed and sworn to before me this 28th day of December, 1949.

My Commission expires 3-18-53

Emmett R. Haskery Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

