

FILED DEC 2 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

37940

State File No. ....

BIRTH NO. 124 REG. DIST. NO. 226 PRIMARY REG. DIST. NO. 5750 Registrar's No. 72

1. PLACE OF DEATH  
a. COUNTY Madison  
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural-St. Francois Township  
c. LENGTH OF STAY (In this place) 10 Wks.  
d. FULL NAME OF HOSPITAL OR INSTITUTION 10 mi. S.W. of Fredericktown

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).  
a. STATE Missouri b. COUNTY Madison  
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural-St. Francois Township  
d. STREET ADDRESS (If rural, give location) 10 mi. S.W. of Fredericktown

3. NAME OF DECEASED  
a. (First) Luther b. (Middle) Lee c. (Last) Moyers  
4. DATE OF DEATH (Month) (Day) (Year) Nov. 12, 1949

5. SEX Male 6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married 8. DATE OF BIRTH May 29, 1884 9. AGE (In years last birthday) 65 5 13 IF UNDER 1 YEAR: Months Days Hours Mins.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Painter 10b. KIND OF BUSINESS OR INDUSTRY  
11. BIRTHPLACE (State or foreign country) Madison County, Mo. 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Solomon Moyers 13b. MOTHER'S MAIDEN NAME Helen Boswell 14. NAME OF HUSBAND OR WIFE Flova Moyers

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. 327-07-8555 17. INFORMANT'S SIGNATURE OR NAME Mrs. A.F. Ruth ADDRESS Fredericktown, 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) Carcinoma of left lung INTERVAL BETWEEN ONSET AND DEATH 3 or 4 yrs  
ANTECEDENT CAUSES ? DUE TO (b) \_\_\_\_\_  
Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  
DUE TO (c) \_\_\_\_\_  
II. OTHER SIGNIFICANT CONDITIONS Tuberculosis of lungs - ?  
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  NO

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  NOT WHILE AT WORK  21f. HOW DID INJURY OCCUR

22. I hereby certify that I attended the deceased from Aug 1st 1949, to Nov 12, 1949, that I last saw the deceased alive on Oct 28, 1949, and that death occurred at 7:30 P.M., from the causes and on the date stated above.

23a. SIGNATURE W. Harry Barrow M.D. (Degree or title) 23b. ADDRESS Fredericktown Mo 23c. DATE SIGNED 11/14/49

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 24b. DATE 11-14-49 24c. NAME OF CEMETERY OR CREMATORY Christian Cemetery 24d. LOCATION (City, town, or county) (State) Fredericktown, Mo

DATE REC'D BY LOCAL REG. 11-14-1949 REGISTRAR'S SIGNATURE Flourence Hicks 187 25. FUNERAL DIRECTOR'S SIGNATURE Webb-Adamson ADDRESS Fredericktown, Mo.

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

RECEIVED 11-25-49

District Health Officer No. 4

Subject File Number 1149-1541

Date Filed \_\_\_\_\_

**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.

Student \_\_\_\_\_  
Student Embalmer

Signed *John Adamson*

Licensed Embalmer No. 4851

P. O. Address Fredericktown, 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.