

No. 300  
10-48  
442

FILED JAN 30 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

43843

State File No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 155 PRIMARY REG. DIST. NO. 3177 Registrar's No. 170

1. PLACE OF DEATH a. COUNTY <u>Jasper</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jasper</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Webb City</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Webb City</u>	
c. LENGTH OF STAY (In this place) <u>5yr</u>		d. STREET ADDRESS (If rural, give location) <u>1107 West Austin St.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1107 West Austin St.</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>BERTHA</u> b. (Middle) <u>MAY</u> c. (Last) <u>MOORMAN</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>December 27, 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>Sept. 15, 1889</u>		9. AGE (In years last birthday) <u>67</u>		IF UNDER 1 YEAR Months <u>3</u> Days <u>12</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>At home</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>House wife</u>		11. BIRTHPLACE (State or foreign country) <u>Missouri</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>					

13a. FATHER'S NAME <u>Oliver H. Harris</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Ann Gregg</u>		14. NAME OF HUSBAND OR WIFE	
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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. Robert F. Laster</u> ADDRESS <u>Webb City, Mo.</u>	
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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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemiparesis</u> ANTECEDENT CAUSES <u>Hypertension</u> <u>Myocarditis</u> DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>12/25/49</u>  <u>321Y</u>	
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19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Webb City</u>		21c. (CITY, TOWN, OR TOWNSHIP) <u>Jasper</u> (STATE) <u>Mo</u>	
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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?	
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22. I hereby certify that I attended the deceased from 10/20 1949 to 12/27, 1949, that I last saw the deceased alive on 12/27, 1949 and that death occurred at 1:20 a.m., from the causes and on the date stated above.

23a. SIGNATURE <u>Deeceline M. D. O.</u> (Deceased or title)		23b. ADDRESS <u>Webb City, Mo</u>		23c. DATE SIGNED <u>12/28/49</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>12-30-49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Mt Hope Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>Webb City, Missouri</u>					

DATE REC'D BY LOCAL REG. <u>Dec 30-49</u>		REGISTRAR'S SIGNATURE <u>D. C. Hutchell</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Hedge-Wevils</u> ADDRESS <u>Webb City, Missouri</u>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED 1-16-50  
Jasper County Health Office

County File Number 49-12-1026

Date Filed 1-24-50

**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 \_\_\_\_\_

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

Licensed Embalmer No. 28059

P. O. Address \_\_\_\_\_

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.