

S. No. 300
v. 10-48

FILED FEB 20 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 3956

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 175

2117
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WRITE PLAINLY--USING UNFADING BLACK INK--MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Livingston	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Chillicothe	
c. LENGTH OF STAY (In this place) 6 days		d. STREET ADDRESS (If rural, give location) Missouri Methodist Hospital	

3. NAME OF DECEASED (Type or Print) a. (First) James	b. (Middle) E.	c. (Last) Moling	4. DATE OF DEATH (Month) (Day) (Year) Feb. 10, 1950
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5. SEX Male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Nov 14, 1873	9. AGE (In years last birthday) 76	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) engineer	10b. KIND OF BUSINESS OR INDUSTRY Saw mill	11. BIRTHPLACE (State or foreign country) Pattonsburg, Missouri	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME unknown	13b. MOTHER'S MAIDEN NAME unknown	14. NAME OF HUSBAND OR WIFE Sarah Moling
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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. 411-03-4412	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Sarah Moling, Chillicothe, Mo.
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 4:20
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertrophy of Prostate Retention of Urine 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 2/6/50	19b. MAJOR FINDINGS OF OPERATION Hypertrophy of Prostate	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.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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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?
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22. I hereby certify that I attended the deceased from 2/6/1950, to 2/10/1950, that I last saw the deceased alive on 2-9-, 1950, and that death occurred at 12:20 A.M., from the causes and on the date stated above.

23a. SIGNATURE Charles Greenlee, D.M.A.	(Degree or title)	23b. ADDRESS P.O. Box St. Joseph, Mo.	23c. DATE SIGNED 2/10/50
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24a. BURIAL, CREMATION, REMOVAL (Specify) removal	24b. DATE 2/10/50	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State) Chillicothe, Missouri
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DATE REC'D BY LOCAL REG. Feb. 16, 1950	REGISTRAR'S SIGNATURE L. B. Jenkins	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Wheaton Burman Funeral St. Joseph, Mo.
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Dr. Stuenkel
P. O. Address

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 William J. Galling

Signed _____
Student Embalmer

Licensed Embalmer No. 4535

P. O. Address 319 S. 10th St. St. Joseph, 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.