

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **22970**

FILED AUG 8 1950

BIRTH NO. _____ REG. DIST. NO. **50** PRIMARY REG. DIST. NO. **4071** Registrar's No. **26**

0150

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

1. PLACE OF DEATH a. COUNTY Camden		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri COUNTY Camden	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Camdenton		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Camdenton	
d. FULL NAME OF HOSPITAL OR INSTITUTION Home - Gen Del		d. STREET ADDRESS (If rural, give location) Gen Del	
3. NAME OF DECEASED (Type or Print) a. (First) Artemas b. (Middle) Theodor c. (Last) Moulder		4. DATE OF DEATH (Month) (Day) (Year) July - 29 - 50	
5. SEX male	6. COLOR OR RACE wh	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH 3 - 7 - 1872
9. AGE (in years) (If under 1 year last birthday) Months Days Hours Min. 78		11. BIRTHPLACE (State or foreign country) Near Old Sun Creek, MO	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer + Carpenter		10b. KIND OF BUSINESS OR INDUSTRY own	
12. CITIZEN OF WHAT COUNTRY USA		13a. FATHER'S NAME Joseph C Moulder	
13b. MOTHER'S MAIDEN NAME Berch E Cyrus		13c. NAME OF HUSBAND OR WIFE Paralee Moulder	
14. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		15. SOCIAL SECURITY NO. none	
16. INFORMANT'S SIGNATURE OR NAME Mrs Art Moulder		17. ADDRESS Camdenton 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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Lobar Pneumonia ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Pyelitis and Cystitis DUE TO (c) Prostatic Hypertrophy II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Appropety 6m Standing	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
19c. INTERVAL BETWEEN ONSET AND DEATH 3 days		19d. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
20a. ACCIDENT SUICIDE HOMICIDE (Specify)		20b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		20d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20f. HOW DID INJURY OCCUR?	
21. I hereby certify that I attended the deceased from July 26, 1950 , to July 29, 1950 , that I last saw the deceased alive on July 29, 1950 , and that death occurred at 1222 m. from the causes and on the date stated above.			
22a. SIGNATURE (Degree or title) Dr. Arthur Meyer M.D.		22b. ADDRESS Camdenton Mo	
22c. DATE SIGNED July 30 - 1950		22d. SIGNATURE (Degree or title) Zilpha Draw	
22e. ADDRESS Camdenton MO		22f. DATE SIGNED July 31 - 1950	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 7-31-50	
23c. NAME OF CEMETERY OR CREMATORY Roach		23d. LOCATION (City, town, or county) Camden Co MO	
24. FUNERAL DIRECTOR'S SIGNATURE Banksou-Woolery		24. ADDRESS Camdenton MO	

RECEIVED 8-7-50
DISTRICT HEALTH OFFICE No. 2
District File Number
D. O. No. 8-7-50

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.

Student
Student Embalmer

Signed *Abbi Bauksau Woolery*

Licensed Embalmer No. *2488*

P. O. Address *Camdenton, 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.