

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **27601**

FILED SEP 10 1951

BIRTH NO. _____ REG. DIST. NO. **195** PRIMARY REG. DIST. NO. **5714** Registrar's No. **61**

1. PLACE OF DEATH a. COUNTY McDONALD		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY McDONALD	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN LANEAK		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN HANAGAN	
c. LENGTH OF STAY (in this place) 15 YRS.		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION NONE			

3. NAME OF DECEASED (Type or Print) a. (First) ANNIE b. (Middle) ELIZA c. (Last) MOFFETT			4. DATE OF DEATH (Month) (Day) (Year) 8-1-51		
5. SEX F	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) W	8. DATE OF BIRTH 12-26-1867	9. AGE (In years last birthday) 83	IF UNDER 1 YEAR Months 7 Days 6
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE		10b. KIND OF BUSINESS OR INDUSTRY SAME		11. BIRTHPLACE (State or foreign country) JALPARISO-IND	
12. CITIZEN OF WHAT COUNTRY? US					

13a. FATHER'S NAME FRANK-LUCAS		13b. MOTHER'S MAIDEN NAME CATHRINE BRITAIN		14. NAME OF HUSBAND OR WIFE J.F. MOFFETT	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) No		16. SOCIAL SECURITY NO. NONE		17. INFORMANT'S SIGNATURE OR NAME ADDRESS	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) _____		Coronary Thrombosis				
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES				
		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.				

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) (Min)		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 **7/26**, 19**51**, to **8/1**, 19**51**, that I last saw the deceased alive on **8/1**, 19**51**, and that death occurred at **8:20** m., from the causes and on the date stated above.

23a. SIGNATURE [Signature] (Degree or title)		23b. ADDRESS Real R. & No.		23c. DATE SIGNED 8/3/51	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 8-3-51		24c. NAME OF CEMETERY OR CREMATORY ANDERSON	
24d. LOCATION (City, town, or county) (State) ANDERSON-MO.		25. FUNERAL DIRECTOR'S SIGNATURE [Signature]		ADDRESS [Address]	
DATE REC'D BY LOCAL REG. 8-4-51		REGISTRAR'S SIGNATURE [Signature]			

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

1600

DIVISION OF HEALTH OF MD.
District No. 5 - Springfield

RECEIVED

SEP 6 1951

Dist. File

9212588

Date Filed

9-6-51

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 Mayme E. Humphrey

Licensed Embalmer No. 4262

P. O. Address Pineville, 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.