

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED OCT 9 1951

BIRTH NO. _____ REG. DIST. NO. 50 PRIMARY REG. DIST. NO. 4071 Registrar's No. 46

1. PLACE OF DEATH a. COUNTY <i>Camden</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <i>Missouri</i> b. COUNTY <i>Camden</i>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>Camdenton</i>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>Camdenton</i>	
c. LENGTH OF STAY (in this place) <i>years</i>		d. STREET ADDRESS (If rural, give location) <i>Gen Del</i>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>Own Home</i>			

3. NAME OF DECEASED (Type or Print) a. (First) <i>Jessie</i> b. (Middle) <i>Florence</i> c. (Last) <i>Moulder</i>			4. DATE OF DEATH (Month) (Day) (Year) <i>Sep 26 - 1951</i>		
--	--	--	--	--	--

5. SEX <i>Female</i>	6. COLOR OR RACE <i>wh</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>married</i>	8. DATE OF BIRTH <i>Mar. 20 - 1886</i>	9. AGE (in years last birthday) <i>65</i>	IF UNDER 1 YEAR Days <i>6</i> Hours <i>5</i> Min.
----------------------	----------------------------	---	--	---	---

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>housewife</i>	10b. KIND OF BUSINESS OR INDUSTRY <i>home</i>	11. BIRTHPLACE (State and foreign country) <i>Old Sun Creek Mo</i>	12. CITIZEN OF WHAT COUNTRY? <i>USA</i>
--	---	--	---

13a. FATHER'S NAME <i>W A Evans</i>	13b. MOTHER'S MAIDEN NAME <i>Clara Ellen Waters</i>	14. NAME OF HUSBAND, OR WIFE <i>Chester Milton Moulder</i>
-------------------------------------	---	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>no</i>	16. SOCIAL SECURITY NO. <i>none</i>	17. INFORMANT'S SIGNATURE OR NAME <i>C M Moulder</i> ADDRESS <i>Camdenton Mo</i>
--	-------------------------------------	--

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		INTERVAL BETWEEN ONSET AND DEATH <i>5 1/2 yrs</i>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Exhaustion</i>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>Atrophic Cirrhosis of Liver</i> 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 *Feb 18th - 1946*, to *Sept 26, 1951*, that I last saw the deceased alive on *9-25-1951*, and that death occurred at *2:30 P. m.*, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <i>G D Myers M.D.</i>	23b. ADDRESS <i>Wacker Creek Mo</i>	23c. DATE SIGNED <i>9/28/51</i>
--	-------------------------------------	---------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Buried</i>	24b. DATE <i>Sept 29 - 1951</i>	24c. NAME OF CEMETERY OR CREMATORY <i>Laurelton</i>	24d. LOCATION (City, town, or county) (State) <i>Camden Co Mo</i>
---	---------------------------------	---	---

DATE REC'D BY LOCAL REG. <i>Oct. 2 - 1951</i>	REGISTRAR'S SIGNATURE <i>Zilpha Inaw</i>	25. FUNERAL DIRECTOR'S SIGNATURE <i>Banksen-Woolery</i> ADDRESS <i>Camdenton</i>
---	--	--

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

RECEIVED 10-8-51

DISTRICT HEALTH OFFICE No. 3

District File Number _____

Date Filed 10-8-51

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 Abner Woolery

Licensed Embalmer No. 2488

P. O. Address Camden, MS

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.