

FILED OCT 16 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **32968**
Registrar's No. **73**

BIRTH NO. _____ REG. DIST. NO. **75** PRIMARY REG. DIST. NO. **3015**

1. PLACE OF DEATH a. COUNTY Clinton		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death.) a. STATE Missouri b. COUNTY Caldwell	
b. CITY OR TOWN Cameron		c. CITY OR TOWN Polo	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) 0130 1	
d. FULL NAME OF HOSPITAL OR INSTITUTION Cameron Community Hosp.			
3. NAME OF DECEASED a. (First) Ada b. (Middle) Beatrice c. (Last) Moffet			4. DATE OF DEATH (Month) 10 (Day) 1 (Year) 51
5. SEX female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH 6 II 1887
9. AGE (in years last birthday) 64	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Missouri
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME Henry Arbogasta	
13b. MOTHER'S MAIDEN NAME Catherine Mizer		14. NAME OF HUSBAND OR WIFE Lewis E. Moffet	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no	16. SOCIAL SECURITY NO. ✓	17. INFORMANT'S SIGNATURE OR NAME Lewis E. Moffet ADDRESS Polo, Mo.	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) MEDICAL CERTIFICATION			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* Carcinoma			INTERVAL BETWEEN ONSET AND DEATH 2 yr
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.			
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 174X	
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 9-12 , 19 51 , to 10-1 , 19 51 , that I last saw the deceased alive on 10-1 , 19 51 and that death occurred at 1 P.M. , from the causes and on the date stated above.			
23a. SIGNATURE Wm. Cramer (Degree or title)		23b. ADDRESS MO	23c. DATE SIGNED 10-2-51
24a. BURIAL, CREMATION, REMOVAL (Specify) burial	24b. DATE 10-3-51	24c. NAME OF CEMETERY OR CREMATORY Mirabile Cemetery	24d. LOCATION (City, town, or county) (State) Mirabile, Missouri
DATE REC'D BY LOCAL REG. 10-2-51	REGISTRAR'S SIGNATURE Winifred W. Moser	25. FUNERAL DIRECTOR'S SIGNATURE Cramer Clark	ADDRESS Kingston, Mo.

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

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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 Cramer Clark

Licensed Embalmer No. 3257

P. O. Address Kingston, 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.