

No. 3067  
10-48  
FILED MAR 12 1952THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 5549

BIRTH NO. _____		REG. DIST. NO. <u>164</u>		PRIMARY REG. DIST. NO. <u>2032</u>		Registrar's No. <u>29</u>	
1. PLACE OF DEATH a. COUNTY <u>Johnson</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Johnson</u>			
b. CITY, (If outside corporate limits, write RURAL and give town) <u>Warrensburg</u>		c. LENGTH OF STAY (in this place) <u>Life</u>		c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Warrensburg</u>		0512 71	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>119 Ming Street</u>				d. STREET ADDRESS (If rural, give location) <u>119 Ming St.</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>John</u> b. (Middle) <u>Francis</u> c. (Last) <u>Moriarty</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Mar. 5 1952</u>				
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>April 3 1894</u>	
9. AGE (In years last birthday) <u>57</u>		IF UNDER 1 YEAR (Months) <u>10</u>		IF UNDER 1 YEAR (Days) <u>2</u>		IF UNDER 12 HRS. (Hours) (Min.) _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Secretary Treasurer Goodall Mfg. Co.</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>Warrensburg Mo.</u>		11. BIRTHPLACE (State or foreign country) <u>0</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>							
13a. FATHER'S NAME <u>John Moriarty</u>			13b. MOTHER'S MAIDEN NAME <u>Mary Rine</u>		14. NAME OF HUSBAND OR WIFE <u>Helen Porter Moriarty</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>500-10-7562</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Helen Moriarty</u> ADDRESS <u>119 Ming St.</u>			
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							
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary occlusion</u>						INTERVAL BETWEEN ONSET AND DEATH <u>10 min</u>	
ANTECEDENT CAUSES							
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.						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 <u>4201</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) (Hours) (Minutes) _____		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 <u>on date of death only</u> , to _____, that I last saw the deceased alive on <u>never</u> , 19____, and that death occurred at <u>11 A.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Reed Mayson MD.</u> (Degree or title)				23b. ADDRESS <u>Warrensburg Mo</u>		23c. DATE SIGNED <u>7 March 52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>3-7-52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Sunset Hill</u>		24d. LOCATION (City, town, or county) (State) <u>Warrensburg Mo.</u>	
DATE REC'D BY LOCAL REG. <u>Mar. 7, 1952</u>		REGISTRAR'S SIGNATURE <u>Savannah Antebleda</u> <u>1472</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Sweeney Phillips</u> ADDRESS <u>Warrensburg Mo.</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

AUG 5 1953

RECEIVED  
MAR 10 1952  
JOHNSON COUNTY HEALTH DEP

JOHNSON COUNTY HEALTH DEPARTMENT

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 \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

Signed.....  
Student Embalmer

Signed *J. Earl Priest*

Licensed Embalmer No. *3878*

P. O. Address *Warrensburg, 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.