

STANDARD CERTIFICATE OF DEATH

7438

State File No.
Registrar's No. 295

FILED MAR 24 1952

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000

1. PLACE OF DEATH
a. COUNTY Buchanan

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Michigan b. COUNTY _____

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph c. LENGTH OF STAY (In this place) 7 Days

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Pontiac 4210

d. FULL NAME OF HOSPITAL OR INSTITUTION Mercy Hospital

d. STREET ADDRESS (If rural, give location) A-12 Union Court 8

3. NAME OF DECEASED
a. (First) GEORGE b. (Middle) ABNER c. (Last) MOORMAN

4. DATE OF DEATH (Month) (Day) (Year) March 17 1952

5. SEX Male 6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) NEVER MARRIED 8. DATE OF BIRTH June 3 1880

9. AGE (In years last birthday) 71 IF UNDER 1 YEAR Months _____ Days _____ IF UNDER 24 HRS. Hours _____ Min. _____

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Apartment Caretaker 10b. KIND OF BUSINESS OR INDUSTRY _____ 11. BIRTHPLACE (State or foreign country) Maysville Mo. (Rural) 12. CITIZEN OF WHAT COUNTRY? U.S.

13a. FATHER'S NAME Jerry Moorman 13b. MOTHER'S MAIDEN NAME Arabella Riley 14. NAME OF HUSBAND OR WIFE Mary Moorman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No 16. SOCIAL SECURITY NO. 386-28-3010 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs Mary Moorman A-12 Union Court Pontiac Mich.

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* (a) Pulmonary Edema

INTERVAL BETWEEN ONSET AND DEATH 48 hours

ANTECEDENT CAUSES
DUE TO (b) Cardiac Decompensation 2 Mo.

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

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 4343 20. AUTOPSY? YES NO

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) _____ 21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR _____

22. I hereby certify that I attended the deceased from Mar. 10, 1952, to Mar. 17, 1952, that I last saw the deceased alive on Mar. 17, 1952, and that death occurred at 9:10p m., from the causes and on the date stated above.

23a. SIGNATURE [Signature] (Degree or title) _____ 23b. ADDRESS 823 Faraon St. Joseph Mo. 23c. DATE SIGNED 3/19/52

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal 24b. DATE 3/17 1952 24c. NAME OF CEMETERY OR CREMATORY Oak Lawn 24d. LOCATION (City, town, or county) (State) Maysville Mo.

DATE REC'D BY LOCAL REG. MAR 19, 1952 REGISTRAR'S SIGNATURE Carl C. Casper 446 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS PILCHER FUNERAL HOME MAYSVILLE MO.

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

01170

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.....


O. T. Filcher

Signed.....
Student Embalmer

Licensed Embalmer No..... 3960

P. O. Address..... Maysville 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.