

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

42872

State File No.

FILED DEC 22 1952

BIRTH NO.

REG. DIST. NO. 218

PRIMARY REG. DIST. NO. 4330

Registrar's No. 59

59

1. PLACE OF DEATH a. COUNTY <i>Mississippi</i>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <i>Missouri</i> b. COUNTY <i>West</i>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>East Prairie</i>		c. LENGTH OF STAY (In this place) <i>20 yrs</i>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>East Prairie</i>		d. STREET ADDRESS (If rural, give location) <i>8671</i>
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>Residence</i>					
3. NAME OF DECEASED a. (First) <i>WILLIAM</i> b. (Middle) <i>WARREN</i> c. (Last) <i>MORELAND</i>			4. DATE OF DEATH (Month) (Day) (Year) <i>Dec. 8, 1952</i>		
5. SEX <i>male</i>	6. COLOR OR RACE <i>white</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>married</i>	8. DATE OF BIRTH <i>May 10, 1879</i>	9. AGE (In years last birthday) <i>73</i>	IF UNDER 1 YEAR Months <i>6</i> Days <i>28</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Farmer</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>Farming</i>	11. BIRTHPLACE (City and State or Foreign Country) <i>Calaway Co., Ky.</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>
13a. FATHER'S NAME <i>Sterling Moreland</i>		13b. MOTHER'S M maiden name <i>Martha Miller</i>	14. NAME OF HUSBAND OR WIFE <i>Hattie Moreland</i>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>unk</i>		16. SOCIAL SECURITY NO. <i>unk</i>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <i>Hattie Moreland - East Prairie, 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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Aortic Coronary Occlusion</i>				INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>Generalized Arteriosclerosis</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 <i>4201</i>				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) m.	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 <i>Feb 5, 1951</i> , to <i>Dec 8, 1952</i> , that I last saw the deceased alive on <i>Dec 7, 1952</i> , and that death occurred at <i>6:45 P.M.</i> , from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) <i>Walter B. Wauland M.D.</i>			23b. ADDRESS <i>East Prairie</i>		23c. DATE SIGNED <i>12/2/52</i>
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24b. DATE <i>Dec. 10, 1952</i>	24c. NAME OF CEMETERY OR CREMATORY <i>W.O.W. Cemetery</i>	24d. LOCATION (City, town, or county) (State) <i>East Prairie, Mo</i>		
DATE REC'D BY LOCAL REG. <i>12-17-52</i>	REGISTRAR'S SIGNATURE <i>Gertrude J. Harper</i>	1975	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <i>Travis Shelby East Prairie, Mo</i>		

(Licensed Embalmer's Statement on Reverse Side)

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

DEC 18 REC'D

RECEIVED

Miss. Co. Health Dept

County File No. _____

Date Filed DEC 19 1952

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. 467

working under my personal supervision.

Student Travis W. Shelby Jr.
Student Embalmer

Signed Travis Shelby

Licensed Embalmer No. 2726

P. O. Address East Prairie, 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.