

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **2350**

FILED FEB 23 1953

No. 300
10. 48

BIRTH NO. _____ REG. DIST. NO. 247 PRIMARY REG. DIST. NO. 4366 Registrar's No. 4

2730
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY <u>Newton</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Newton</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Granby</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Granby</u>	
c. LENGTH OF STAY (In this place) <u>4 mo</u>		d. STREET ADDRESS (If rural, give location) <u>1732</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>at Home</u>			

3. NAME OF DECEASED (Type or Print) <u>JAMES FRANCIS MOFFETT</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>1-14-1953</u>		
a. (First)	b. (Middle)		c. (Last)		
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>8-1-1887</u>		9. AGE (In years last birthday) <u>63</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Laborer</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Mining</u>		11. BIRTHPLACE (State or foreign country) <u>Granby Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>

13a. FATHER'S NAME <u>James Moffett</u>		13b. MOTHER'S MAIDEN NAME <u>Anna Lucas</u>		14. NAME OF HUSBAND OR WIFE <u>Theresa Moffett</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. _____		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Theresa Moffett</u> ADDRESS <u>Granby</u>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Heart.</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertension</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>4201</u>			INTERVAL BETWEEN ONSET AND DEATH <u>5</u>
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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) (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 About 2 pm, 19, to 1.14, 1953, that I last saw the deceased alive on 1.13, 1953, and that death occurred at 12:30 m., from the causes and on the date stated above.

23a. SIGNATURE <u>L. E. Holman MO.</u> (Degree or title)		23b. ADDRESS <u>Granby Mo.</u>		23c. DATE SIGNED <u>1.15.53</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>1-16-1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Granby Mem</u>		24d. LOCATION (City, town, or county) (State) <u>Granby Mo</u>	
DATE REC'D BY LOCAL REG. <u>Jan. 15, 1953</u>		REGISTRAR'S SIGNATURE <u>M. L. Young</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>O. Brewer</u>		ADDRESS <u>Shewmake, Granby Mo</u>	

RECEIVED

ALWTON COUNTY HEALTH UNIT

DATE

153-11

TIME

1-22-53

NEOSHO, MISSOURI

FEB 4 1953

FEB 21 1953

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 _____

Floyd Shumake Jr.

Student Embalmer No. 455

working under my personal supervision.

Student Floyd Shumake Jr.
Student Embalmer

Signed G. E. Culver

Licensed Embalmer No. 3584

P. O. Address Cassville, 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.