

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

No. 300
10.48

FILED SEP 8 - 1953

BIRTH NO. _____ REG. DIST. NO. 179 PRIMARY REG. DIST. NO. 5668 Registrar's No. 45

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

1. PLACE OF DEATH a. COUNTY <u>LINCOLN</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>LINCOLN</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Rural, CLARK</u>	c. LENGTH OF STAY (In this place) <u>70 YRS</u>	c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural - CLARK, 0570</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>MOSCOW MILLS, Mo.</u>		d. STREET ADDRESS (If rural, give location) <u>MOSCOW MILLS, Mo.</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Gust</u> b. (Middle) <u>HENRY</u> c. (Last) <u>MOEBIUS</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Aug 25 1953</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never married</u>	8. DATE OF BIRTH <u>June 16, 1871</u>	9. AGE (In years last birthday) <u>82</u>	10. Months <u>2</u>	11. Days <u>9</u>	12. Hours <u></u>	13. Mins. <u></u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMER</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>FARMING</u>	11. BIRTHPLACE (State or foreign country) <u>INDIANA</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>
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13a. FATHER'S NAME <u>Charlie Moebius</u>	13b. MOTHER'S MAIDEN NAME <u>Martha Freudenstein</u>	14. NAME OF HUSBAND OR WIFE
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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>-</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs IRA Gentry - ELSBERRY, Mo</u>	ADDRESS <u>ELSBERRY, Mo</u>
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral hemorrhage</u>		INTERVAL BETWEEN ONSET AND DEATH <u>1 hr.</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Diabetes Mellitus</u> DUE TO (c) <u>Arteriosclerosis</u>		
	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"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from 3/10, 1953, to Aug 25, 1953, that I last saw the deceased alive on Aug 25, 1953, and that death occurred at 11 P.M., from the causes and on the date stated above.

23a. SIGNATURE <u>J. Creech</u>	(Degree or title) <u>med. officer</u>	23b. ADDRESS <u>Troy, Mo</u>	23c. DATE SIGNED <u>Aug 26</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Aug-28-1953</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Troy cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>TROY, Mo</u>
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DATE REC'D BY LOCAL REG. <u>Sept 2nd 1953</u>	REGISTRAR'S SIGNATURE <u>Emma B. Riddle</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Wayne M. Egan</u>	ADDRESS <u>Troy, Mo</u>
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FEB 28 1955

FEB 16 1957

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.....

W Vanmatre

Signed.....
Student Embalmer

Licensed Embalmer No. 2825

P. O. Address Elberry Ma

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.