

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

43365

State File No. 330
Registrar's No. 549

FILED DEC 23 1953

BIRTH NO. _____ REG. DIST. NO. 156 PRIMARY REG. DIST. NO. 2005

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

1. PLACE OF DEATH a. COUNTY JASPER		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY JASPER	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN JOPLIN		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN WEBB CITY	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION FREEMAN HOSPITAL		d. STREET ADDRESS (If rural, give location) 332 SOUTH BALL	

3. NAME OF DECEASED (Type or Print)	a. (First) JOHN	b. (Middle) H.	c. (Last) MOFFETT	4. DATE OF DEATH (Month) (Day) (Year) DECEMBER 10, 1953
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5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, MARRIED	8. DATE OF BIRTH AUGUST 22, 1888	9. AGE (In years last birthday) 65	10. IF UNDER 1 YEAR Days 3	11. IF UNDER 1 HR. Hours 20	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) MINER RETIRED	10b. KIND OF BUSINESS OR INDUSTRY ZINC MINING	11. BIRTHPLACE (State or foreign country) NEWTON COUNTY, MISSOURI	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME IZAC MOFFETT	13b. MOTHER'S MAIDEN NAME SARAH THOMPSON	14. NAME OF HUSBAND OR WIFE VESTA PEARL MOFFETT
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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) NO	16. SOCIAL SECURITY NO. NONE	17. INFORMANT'S SIGNATURE OR NAME MRS. VESTA PEARL MOFFETT	ADDRESS WEBB CITY, MO.
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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, asthma, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Uremia caused by chronic nephritis with ANTECEDENT CAUSES DUE TO (b) cardiovascular renal disease.			6 mos.
	DUE TO (c) Rheumatoid Arthritis.			years.
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 442x	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT (Specify) SUICIDE HOMICIDE	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 Feb. 21, 1950, to Dec. 10, 1953; that I last saw the deceased alive on Dec. 9, 1953, and that death occurred at 11:40 A.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) D. M. Ferguson, M.D.	23b. ADDRESS Webb City, Missouri	23c. DATE SIGNED 12-10-53
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE DEC. 12, 1953	24c. NAME OF CEMETERY OR CREMATORY MT HOPE CEMETERY	24d. LOCATION (City, town, or county) (State) WEBB CITY, MISSOURI
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DATE REC'D BY LOCAL REG. 12-12-53	REGISTRAR'S SIGNATURE By A. S. Campbell	25. FUNERAL DIRECTOR'S SIGNATURE HEDGE LEWIS	ADDRESS WEBB CITY, MISSOURI
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(Licensed Embalmer's Statement on Reverse Side)

RECEIVED DEC 21 1953
Jasper County Health Office

County File Number 53-12-1016

Date Filed DEC 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 _____

Student Embalmer No. _____

working under my personal supervision.

Student _____
Student Embalmer

Signed Richard Gray Lewis

Licensed Embalmer No. 4405

P. O. Address Webb City 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.