

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

State File No. **3759**

**FILED FEB 9 1954**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 360 PRIMARY REG. DIST. NO. 6225 Registrar's No. 9

1080

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

<b>1. PLACE OF DEATH</b> a. COUNTY <u>Derron</u> b. CITY (If outside corporate limits, write RURAL and give township) <u>Washington Twp</u> c. LENGTH OF STAY (in this place) <u>3-8-29</u> d. FULL NAME OF HOSPITAL OR INSTITUTION <u>State Hosp. # 3</u>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before institution). a. STATE <u>MO</u> b. COUNTY <u>McDonald</u> c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Goodman - 0600</u> d. STREET ADDRESS (If rural, give location) <u>Rural</u>	
<b>3. NAME OF DECEASED</b> (Type or Print) a. (First) <u>Mattie</u> b. (Middle) <u>—</u> c. (Last) <u>Moffett</u>		<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <u>Feb. 1-1954</u>	
<b>5. SEX</b> <u>F. 1</u>	<b>6. COLOR OR RACE</b> <u>W</u>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify) <u>Widowed</u>	<b>8. DATE OF BIRTH</b> <u>Aug 12-1871</u>
<b>9. AGE</b> (In years last birthday) <u>82-</u>		IF UNDER 1 YEAR Months <u>5-</u> Days <u>20</u>	IF UNDER 12 HRS. Hours <u>—</u> Mins. <u>—</u>
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <u>—</u>	<b>11. BIRTHPLACE</b> (State or foreign country) <u>MO O</u>
<b>12. CITIZEN OF WHAT COUNTRY?</b> <u>U.S.A.</u>		<b>13a. FATHER'S NAME</b> <u>unk.</u> <b>13b. MOTHER'S MAIDEN NAME</b> <u>unk.</u> <b>14. NAME OF HUSBAND OR WIFE</b> <u>unk.</u>	
<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) <u>unk.</u>		<b>16. SOCIAL SECURITY NO.</b> <u>unk.</u>	<b>17. INFORMANT'S SIGNATURE OR NAME</b> <u>Hospital Records</u> <b>ADDRESS</b> <u>Nevada</u>
<b>18. CAUSE OF DEATH</b> Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		<b>MEDICAL CERTIFICATION</b>	
<b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH</b> (a) <u>Influenza</u> <b>ANCECEDENT CAUSES</b> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		<b>INTERVAL BETWEEN ONSET AND DEATH</b> <u>1-week</u>	
<b>II. OTHER SIGNIFICANT CONDITIONS</b> Conditions contributing to the death but not related to the disease or condition causing death. <u>Smiling</u>		<b>19a. DATE OF OPERATION</b> _____ <b>19b. MAJOR FINDINGS OF OPERATION</b> _____	
<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		<u>481X</u>	
<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify) _____	<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.) _____	<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b> _____	
<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) _____	<b>21e. INJURY OCCURRED</b> WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	<b>21f. HOW DID INJURY OCCUR?</b> _____	
<b>22. I hereby certify that I attended the deceased from</b> <u>Aug 1-1950</u> , to <u>Feb 1, 1954</u> , that I last saw the deceased alive on <u>Jan 31, 1954</u> , and that death occurred at <u>6:50 a.m.</u> , from the causes and on the date stated above.			
<b>23a. SIGNATURE</b> (Degree or title) <u>Dr. W. H. Shroet M.D.</u>		<b>23b. ADDRESS</b> <u>Nevada Mo.</u>	<b>23c. DATE SIGNED</b> <u>Feb. 1-1954</u>
<b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify) <u>Removal</u>	<b>24b. DATE</b> <u>2-1-54</u>	<b>24c. NAME OF CEMETERY OR CREMATORY</b> <u>Union Cemetery</u>	<b>24d. LOCATION</b> (City, town, or county) (State) <u>Anderson, Mo.</u>
<b>DATE REC'D BY LOCAL REG.</b> <u>2-2-1954</u>	<b>REGISTRAR'S SIGNATURE</b> <u>Anna J. Ferry</u>	<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <u>Patumtuneral Home</u>	<b>ADDRESS</b> <u>Anderson, Mo.</u>

(Licensed Embalmer's Statement on Reverse Side)

**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 Percy F. Milster

Licensed Embalmer No. 4805

P. O. Address Nevada, 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.