

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. **5394**

FILED MAR 15 1954

BIRTH NO.		REG. DIST. NO. <b>187</b>		PRIMARY REG. DIST. NO. <b>3440</b>		Registrar's No. <b>81</b>				
1. PLACE OF DEATH a. COUNTY <b>Livingston</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Mo.</b> b. COUNTY <b>Caldwell</b>						
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Chillicothe</b>		c. LENGTH OF STAY (in this place) <b>2 wks.</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Breckenridge</b>		<b>0130</b>				
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Merryl Hoyt Home</b>				d. STREET ADDRESS (If rural, give location) <b>City limits</b>						
3. NAME OF DECEASED (Type or Print) <b>GEORGE</b>			a. (First)	b. (Middle) <b>MOORHEAD</b>	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) <b>2/4/1954</b>				
5. SEX <b>M</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>married</b>		8. DATE OF BIRTH <b>3/6/1869</b>		9. AGE (in years last birthday) <b>84</b>	# UNDER 1 YEAR Months	1 YEAR Days	# UNDER 5 MIN. Hours	5 MIN. Mins.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>farmer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>retired</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Houghton, Michigan</b>			12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>			
13a. FATHER'S NAME <b>Arthur Moorshead</b>			13b. MOTHER'S MAIDEN NAME <b>Anna Odell</b>			14. NAME OF HUSBAND OR WIFE <b>Della May Moorshead</b>				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>		16. SOCIAL SECURITY NO. <b>—</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Elizabeth Odell, Chillicothe, Mo.</b>				ADDRESS		
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Pneumonia Terminal Bronchial</b>						INTERVAL BETWEEN ONSET AND DEATH <b>1 day</b>		
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) <b>Myocardial Deficiency</b>		DUE TO (c)						10 wks		
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 <b>4222</b>						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)		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 <b>Dec. 16</b> , 1954, to <b>Feb. 4</b> , 1954, that I last saw the deceased alive on <b>Feb. 4</b> , 1954, and that death occurred at <b>4 P m.</b> , from the causes and on the date stated above.										
23a. SIGNATURE <b>Joseph A. Conrad</b> (Degree or title) <b>M.D.</b>				23b. ADDRESS <b>Chillicothe, Mo.</b>			23c. DATE SIGNED <b>Mar. 6-54</b>			
24a. BURIAL/CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>2/7/1954</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Rose Hill cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Breckenridge, Mo.</b>				
DATE REC'D BY LOCAL REG. <b>3-10-54</b>		REGISTRAR'S SIGNATURE <b>Frances B. Neill</b> <b>171-1</b>			25. FUNERAL DIRECTOR'S SIGNATURE <b>Leah Michael Braymer, Mo.</b> ADDRESS					

(Licensed Embalmer's Statement on Reverse Side)

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

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

*Geneb. Michael*

Licensed Embalmer No. *4340*

P. O. Address *Braymer, 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.