

FILED NOV 22 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 36844

BIRTH NO. _____		REG. DIST. NO. <u>73</u>		PRIMARY REG. DIST. NO. <u>5291</u>		Registrar's No. <u>96</u>			
1. PLACE OF DEATH a. COUNTY <u>Plays</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Plays</u>					
b. CITY OR TOWN <u>Rural Liberty</u>		c. LENGTH OF STAY (in this place) <u>2 mo</u>		c. CITY OR TOWN <u>Liberty</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>200F Hosp.</u>				STREET ADDRESS (If rural, give location) <u>200F Home</u> <u>600</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>SUSIE</u> b. (Middle) <u>N</u> c. (Last) <u>MOYER</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 10 - 54</u>						
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>March 24, 1865</u>			
9. AGE (In years last birthday) <u>89</u>		IF UNDER 1 YEAR <u>8</u> MONTHS <u>26</u> DAYS		IF UNDER 11 HRS. <u></u> HOURS <u></u> MIN.					
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Berlin, Ohio</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		
13a. FATHER'S NAME <u>E. H. Hyatt</u>			13b. MOTHER'S MAIDEN NAME <u>Betty King</u>			14. NAME OF HUSBAND OR WIFE <u>Jerome Moyer</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. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>I.O.D.F. Records, Liberty, Mo.</u> ADDRESS <u>Liberty, Mo.</u>				
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, asthma, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Brauche Pneumonia</u> ANTECEDENT CAUSES DUE TO (b) <u>Being confined because of</u> DUE TO (c) <u>Fracture of hip 10 weeks ago.</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>4 WEEKS</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION					20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
21a. ACCIDENT (Specify) <u>SUICIDE</u> <u>HOMICIDE</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) <u>600</u> (STATE)					
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?					
22. I hereby certify that I attended the deceased from <u>Nov 10, 1953</u> , to <u>Nov 10, 1954</u> , that I last saw the deceased alive on <u>Nov 10, 1954</u> , and that death occurred at <u>2:55 p.m.</u> , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <u>Wm H. Goodson M.D.</u>				23b. ADDRESS <u>Liberty, Mo</u>		23c. DATE SIGNED <u>Nov 11 - 54</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Nov. 12, 1954</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Crown Hill Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Sedalia, Missouri</u>			
DATE REC'D BY LOCAL REG. <u>Nov. 16, 1954</u>		REGISTRAR'S SIGNATURE <u>Mabel Graham 4910</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Church-Overseer, Liberty Mo</u> 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.....  
Signature of Student Embalmer

Signed..... *Harold H. Smith*.....

Licensed Embalmer No... *457* .....

P. O. Address *Liberty* .....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.