

FILED JAN 30 1955

STANDARD CERTIFICATE OF DEATH

State File No. 882

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 200 Registrar's No. 82

|  |  |  |   |
|--|--|--|---|
| 1. PLACE OF DEATH<br>a. COUNTY <u>Greene</u>   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <u>Missouri</u> b. COUNTY <u>Greene</u> |   |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Springfield,</u> |  | c. CITY OR TOWN <u>Springfield,</u>  | d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| c. LENGTH OF STAY (in this place) <u>16 days</u>   |  | e. STREET ADDRESS (If rural, give location) <u>Route 2</u> <u>0390</u>   |   |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Burge Hospital 0</u>                                  |  |  |   |

|                                     |                          |                            |                          |   |
|-------------------------------------|--------------------------|----------------------------|--------------------------|---|
| 3. NAME OF DECEASED (Type or Print) | a. (First) <u>Edward</u> | b. (Middle) <u>Earnest</u> | c. (Last) <u>Moffatt</u> | 4. DATE OF DEATH (Month) (Day) (Year) <u>January 27, 1955</u> |
|-------------------------------------|--------------------------|----------------------------|--------------------------|---|

|                      |                               |   |  |   |  |                                       |
|----------------------|-------------------------------|---|--|---|--|---------------------------------------|
| 5. SEX <u>Male 0</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u> | 8. DATE OF BIRTH <u>January 10, 1885</u> | 9. AGE (In years last birthday) <u>70</u> | IF UNDER 1 YEAR Months <u>0</u> Days <u>17</u> | IF UNDER 24 HRS. Hours <u>17</u> Min. |
|----------------------|-------------------------------|---|--|---|--|---------------------------------------|

|  |   |   |   |
|--|---|---|---|
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired</u> | 10b. KIND OF BUSINESS OR INDUSTRY <u>Merchant</u> | 11. BIRTHPLACE (City and State or Foreign Country) <u>Plato, Missouri 0</u> | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> |
|--|---|---|---|

|  |   |   |
|--|---|---|
| 13a. FATHER'S NAME <u>George Moffatt</u> | 13b. MOTHER'S MAIDEN NAME <u>Mary Rollins</u> | 14. NAME OF HUSBAND OR WIFE <u>Bessie Moffatt</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. _____ | 17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Bessie Moffatt</u> | ADDRESS <u>Springfield,</u> |
|--|-------------------------------|--|-----------------------------|

|   |  |  |               |   |
|---|--|--|---------------|---|
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. | 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial infarction</u>  |  | Mo. <u>16</u> | INTERVAL BETWEEN ONSET AND DEATH <u>16 days</u> |
|   | ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) <u>Arteriosclerotic coronary thrombosis</u> <u>16 days</u> |  |               |   |
|   | DUE TO (c) _____<br>II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death.  |  |               |   |

|                              |  |  |
|------------------------------|--|--|
| 19a. DATE OF OPERATION _____ | 19b. MAJOR FINDINGS OF OPERATION _____ | 20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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? <u>1201</u> |
|---|--|--|

22. I hereby certify that I attended the deceased from Jan. 11, 1955, to Jan. 27, 1955, that I last saw the deceased alive on Jan. 27, 1955, and that death occurred at 9 A. m., from the causes and on the date stated above.

|  |                   |  |                                 |
|--|-------------------|--|---------------------------------|
| 23a. SIGNATURE <u>L. Richard Webb Jr. M.D. 0</u> | (Degree or title) | 23b. ADDRESS <u>609 Cherry St., Springfield, Mo.</u> | 23c. DATE SIGNED <u>1/29/55</u> |
|--|-------------------|--|---------------------------------|

|   |                                |  |  |
|---|--------------------------------|--|--|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 24b. DATE <u>Jan. 29, 1955</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>White Chapel</u> | 24d. LOCATION (City, town, or county) (State) <u>Springfield, Missouri</u> |
|---|--------------------------------|--|--|

|   |  |   |                                      |
|---|--|---|--------------------------------------|
| DATE REC'D BY LOCAL REG. <u>1-28-55</u> | REGISTRAR'S SIGNATURE <u>Ernest Williamson</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Gorman-Scharpf Funeral Home, Inc.</u> | ADDRESS <u>Springfield, Missouri</u> |
|---|--|---|--------------------------------------|

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADEING 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.....  
*Lewis G. Schaff*

Licensed Embalmer No.....  
380

P. O. Address.....  
*Springfield*

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.