

FILED FEB 23 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 5935

BIRTH NO. 134 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 6075 Registrar's No. 44

1. PLACE OF DEATH a. COUNTY ST. FRANCOIS		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY WASHINGTON	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN RURAL ST. FRANCOIS		c. LENGTH OF STAY (In this place) 2 Days	c. CITY OR TOWN CALEDONIA
d. FULL NAME OF HOSPITAL OR INSTITUTION MINERAL AREA OSTRO. OHOSH		e. STREET ADDRESS (If rural, give location) 3 mi. S. of Caledonia 100 RURAL	

3. NAME OF DECEASED (Type or Print)	a. (First) RICHARD	b. (Middle) AMON	c. (Last) MOYERS	4. DATE OF DEATH (Month) (Day) (Year) Feb. 12, 1955
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5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH July 24, 1878	9. AGE (In years last birthday) 76	10. MONTHS 6	11. DAYS 18	12. HOURS	13. MIN.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) LIVE STOCK		10b. KIND OF BUSINESS OR INDUSTRY LIVE STOCK		11. BIRTHPLACE (City and State or Foreign Country) TENNESSEE		12. CITIZEN OF WHAT COUNTRY? USA		

13a. FATHER'S NAME WILLIAM MOYERS	13b. MOTHER'S MAIDEN NAME HARRIETT MOYERS	14. NAME OF HUSBAND OR WIFE ETTA MOYERS
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. No	17. INFORMANT'S SIGNATURE OR NAME ETTA MOYERS	ADDRESS CALEDONIA MO
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypostatic PNEUMONIA		INTERVAL BETWEEN ONSET AND DEATH 2 hr.	
	ANTECEDENT CAUSES DUE TO (b) CIRCULATORY FAILURE			2 da.
	DUE TO (c) CONGESTIVE HEART FAILURE			SEV. MONTHS
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	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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 SEPT 1953, to FEB 12, 1955, that I last saw the deceased alive on FEB. 12, 1955, and that death occurred at 9:45 P.M., from the causes and on the date stated above.

23a. SIGNATURE Marvin L. Eulke D.O.	(Degree or title)	23b. ADDRESS 17 So. Jackson, Farmington Mo.	23c. DATE SIGNED 2-12-55
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 2-15-55	24c. NAME OF CEMETERY OR CREMATORY Methodist Cemetery	24d. LOCATION (City, town, or county) (State) Caledonia Mo.
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DATE REC'D BY LOCAL REG. Feb. 12, 1955	REGISTRAR'S SIGNATURE Esther Rudloff	25. FUNERAL DIRECTOR'S SIGNATURE White Funeral Home Ironton Mo.	ADDRESS
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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 *Arnold J. White*.....

Licensed Embalmer No. *2412*.....

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