FILED NOV 20 1956

STANDARD CERTIFICATE OF DEATH

State File No. 37007

BIRTH NO. _____ REG. DIST. NO. 32 PRIMARY REG. DIST. NO. 4042 Registrar's No. 81

1. PLACE OF DEATH
a. COUNTY: Bollinger
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lutesville
c. LENGTH OF STAY (In this place): 1½ yr.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bond Nursing Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Scott
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sikeston
d. STREET ADDRESS (If rural, give location): 1003

3. NAME OF DECEASED (Type or Print)
a. (First): William
b. (Middle):
c. (Last): Moxley

4. DATE OF DEATH (Month) (Day) (Year): 11-7-56

5. SEX: M
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Divorced
8. DATE OF BIRTH: Aug-23-1873
9. AGE (In years last birthday): 83
If under 1 year: Months / Days
If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farming
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and State or Foreign Country): Missouri
12. CITIZEN OF WHAT COUNTRY?: U.S.A

13a. FATHER'S NAME: Peter Moxley
13b. MOTHER'S MAIDEN NAME: Hettie Madden
14. NAME OF HUSBAND OR WIFE: ANNA

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.:
17. INFORMANT'S SIGNATURE OR NAME: Mrs. Gerrie Dolly
ADDRESS: Centerline Mich

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Coronary Thrombosis
INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Arteriosclerosis
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: Fracture Left hip

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

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) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?: 009

22. *I hereby certify that I attended the deceased from* 10/11, 1956 *to* 11/7, 1956 *that I last saw the deceased alive on* 11/5, 1956 *and that death occurred at* 8:00 A m., *from the causes and on the date stated above.*

23a. SIGNATURE: John J. Myers (Degree or title): DO
23b. ADDRESS: Lutesville Mo
23c. DATE SIGNED: 11/10/56

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 11-9-56
24c. NAME OF CEMETERY OR CREMATORY: Morley Cem.
24d. LOCATION (City, town, or county) (State): Morley, Mo

DATE REC'D BY LOCAL REG.: 11-12-56
REGISTRAR'S SIGNATURE: Mrs. Buford Crader
25. FUNERAL DIRECTOR'S SIGNATURE: Lena Ward
ADDRESS: Lutesville Mo

(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 C. J. Lorberg

Licensed Embalmer No. 3810

P. O. Address Cape Girardeau

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w
the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.