

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

'57 0 17 8 0 9
State File No.

FILED JUN 3 1957

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

BIRTH NO. _____ REG. DIST. NO. 179 PRIMARY REG. DIST. NO. 57.67 Registrar's No. 666

1. PLACE OF DEATH a. COUNTY <u>Lincoln</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MD</u> b. COUNTY <u>Lachar</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Troy</u>		c. LENGTH OF STAY (in this place)	c. CITY OR TOWN <u>Wentzville</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Lincoln Memorial Hospital</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Clarence</u> b. (Middle) <u>E.</u> c. (Last) <u>Moyer</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>May 20 1957</u>	
5. SEX <u>M</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>July 25/1892</u>
9. AGE (In years last birthday) <u>64</u> IF UNDER 1 YEAR Month Days Hours		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Merchant Drug Store</u>	
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <u>Graniterville MD</u>
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>Jessie Moyer</u>	
13b. MOTHER'S MAIDEN NAME <u>Mama Decker</u>		14. NAME OF HUSBAND OR WIFE <u>Virginia Moyer</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give way or dates of service)		16. SOCIAL SECURITY NO. <u>48926-1474</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Virginia Moyer</u>		ADDRESS <u>Wentzville MD</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.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>CEREBRAL THROMBOSIS</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>ARTERIOSCLEROSIS</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>DIABETES MELLITUS</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		INTERVAL BETWEEN ONSET AND DEATH <u>10 HOURS</u> <u>UNK -</u> <u>UNIC -</u>	
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 <u>MARCH 1957</u> , to <u>MAY 20, 1957</u> , that I last saw the deceased alive on <u>MAY 20, 1957</u> , and that death occurred at <u>1:15 P. m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>Paul T. Berry MD</u>		23b. ADDRESS <u>Troy, Md.</u>	
23c. DATE SIGNED <u>6/21/57</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>5-23-57</u>	24c. NAME OF CEMETERY OR CREMATORY <u>DOE RUN CEMETERY</u>	24d. LOCATION (City, town, or county) (State) <u>DOE RUN MD</u>
DATE REC'D BY LOCAL REG <u>6-1-1957</u>	REGISTRAR'S SIGNATURE <u>Emma R. Riddle</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Carlton S. Pittman</u>	
		ADDRESS <u>Wentzville</u>	

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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.....

Licensed Embalmer No...4974

P. O. Address...Wentzville

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.