

Health,
Welfare
Public
Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

23787

STATE FILE NUMBER

FILED AUG 6 1957

Registration District No. 50 Primary Registration District No. 4071 Registrar's No. 26

300
-57

1. PLACE OF DEATH a. COUNTY Camden		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Camden	
b. CITY (If outside corporate limits, give TOWNSHIP only) Camdenton		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Camdenton
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION home		Length of stay in 1b Years	d. STREET ADDRESS (If outside, give location) ON 2

3. NAME OF DECEASED (Type or print) First Cyrus Middle Benton Last Moulder			4. DATE OF DEATH Month August Day 2 Year 1957	
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH April 26, 1897	9. AGE (In years last birthday) 60	IF UNDER 1 YEAR Months 0 Days 0	IF UNDER 24 HRS. Hours 0 Min. 0
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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 country) Old Linn Creek, Missouri	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Thomas H.B. Moulder	13b. MOTHER'S MAIDEN NAME Sarah Jane Cyrus	14. NAME OF HUSBAND OR WIFE Lela Moulder
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no	16. INFORMANT Lela Moulder	Address Camdenton, Missouri
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Adeno Carcinoma		INTERVAL BETWEEN ONSET AND DEATH 6 mos.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		

20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED: (Enter nature of injury in PART I or PART II of item 18.)
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20c. TIME OF INJURY Hour _____ a.m. _____ p.m.	20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION Camdenton	COUNTY Camden	STATE Missouri
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21. I attended the deceased from June 2, 1957 to August 2 and last saw him alive on August 1, 1957 . Death occurred at 2:10 Am on the date stated above; and to the best of my knowledge, from the causes stated.
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22a. SIGNATURE E. E. Leckert (Degree or title) M.D.	22b. ADDRESS Camdenton, Missouri	22c. DATE SIGNED 8/2/57
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23a. BURIAL, CREMATION, REMOVAL (Specify) burial	23b. DATE 8/4/57	23c. NAME OF CEMETERY OR CREMATORY Roach Church Cemetery	23d. LOCATION (City, town, or county) (State) Camden County, Missouri
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24. FUNERAL DIRECTOR Hedges Funeral Home Address Camdenton, Mo.	25. DATE RECD. BY LOCAL REG. Aug 3-1957	26. REGISTRAR'S SIGNATURE Zilpha J. Irwin
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(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION
 USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
 G. E. Claiborn

All diseases in Part I must be causally related.
 Cough, cholera, etc., must use only standard nomenclature in their description.

AUG 8 1957

AUG 22 1957

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. 4265
P. O. Address Iberia, Missouri

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.