THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-014790
STATE FILE NUMBER

FILED APR 22 1958

Registration District No. 167 Primary Registration District No. 4256 Registrar's No. 19

1. PLACE OF DEATH
a. COUNTY Johnson
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only) Holden — Inside Limits Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Holden Hospital — Length of stay in 1b: 3 days

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Johnson 0510
c. CITY OR TOWN Holden — Inside Limits Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location) Rural Route, Holden — Reside on Farm Yes [X] No [ ]

3. NAME OF DECEASED (Type or print): First HELEN Middle VIVIAN Last MOYER
4. DATE OF DEATH Month March Day 30 Year 1958

5. SEX female
6. COLOR OR RACE white
7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH 6/9/1892
9. AGE (In years last birthday) 65 — IF UNDER 1 YEAR Months 9 Days — IF UNDER 24 HRS. Hours — Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife
10b. KIND OF BUSINESS OR INDUSTRY own home
11. BIRTHPLACE (City and state or country) Wa.o, Nebraska
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Wm. H. Oakes
13b. MOTHER'S MAIDEN NAME Anna B. McCall
14. NAME OF HUSBAND OR WIFE Peter Moyer

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) no — (If yes, give war or dates of service) XXXX
16. SOCIAL SECURITY NO. none
17. INFORMANT Address Peter Moyer, Holden, Missouri

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	Pulmonary Embolus	Sudden
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	Essential hypertension	2 yrs
DUE TO (c)	Diabetes 260X	10 yrs

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

19. WAS AUTOPSY PERFORMED? YES [ ] NO [X]

20a. ACCIDENT [ ] SUICIDE [ ] HOMICIDE [ ]
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from Jan 1 1958, to March 30 1958 and last saw her alive on March 30 1958
Death occurred at 3-30-58 - 1:40 p m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE G W Moreland (Degree or title) MD
22b. ADDRESS Holden, Mo
22c. DATE SIGNED 4-1-58

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal
23b. DATE 1958 April 2
23c. NAME OF CEMETERY OR CREMATORY Liberal Cemetery,
23d. LOCATION (City, town, or county) (State) Liberal Kansas

24. FUNERAL DIRECTOR ADDRESS Canaday & Ropp, Holden, Mo.
25. DATE RECD. BY LOCAL REG. April 1, 1958
26. REGISTRAR'S SIGNATURE Mrs. H. V. Redford

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

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 Samuel B. Page

Licensed Embalmer No. 4044

P. O. Address Holden, Missou

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.