

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-035557

STATE FILE NUMBER

REG OCT 27 1958 Registration District No. 42 Primary Registration District No. 1000 Registrar's No. 1122

5. 300
1. -57

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Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

MEDICAL CERTIFICATION
USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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|---|----------------------------------|--|--|---|--|--|---|--|
| 1. PLACE OF DEATH a. COUNTY Buchanan | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Buchanan | | | | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Joseph | | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | | c. CITY OR TOWN St. Joseph | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION D.O.A. St. Joseph's Hosp. | | | Length of stay in lb 15 Yrs | | d. STREET ADDRESS (If outside, give location) 1017 Corby St. | | Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |
| 3. NAME OF DECEASED (Type or print) First LAUVINE Middle D. Last MOYER | | | | 4. DATE OF DEATH Month October Day 19 Year 1958 | | | | |
| 5. SEX Male | 6. COLOR OR RACE White | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | | 8. DATE OF BIRTH Jan. 21, 1907 | | 9. AGE (In years last birthday) 51 | IF UNDER 1 YEAR Months <input type="checkbox"/> Days <input type="checkbox"/> | IF UNDER 24 HRS. Hours <input type="checkbox"/> Min. <input type="checkbox"/> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Salesman | | | 10b. KIND OF BUSINESS OR INDUSTRY Furnaces & Appliances | | 11. BIRTHPLACE (City and state or country) Dubuque, Iowa | | 12. CITIZEN OF WHAT COUNTRY? USA | |
| 13a. FATHER'S NAME Emmett Moyer | | | 13b. MOTHER'S MAIDEN NAME Emma Dalton | | 14. NAME OF HUSBAND OR WIFE Helen D. Moyer | | | |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes or unknown) (If yes, give dates of service) Yes W.W.# 2 | | | 16. SOCIAL SECURITY NO. 497-38-2849 | | 17. INFORMANT Address Mrs Helen D. Moyer 1017 Corby St. City | | | |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary occlusion | | | | | | | INTERVAL BETWEEN ONSET AND DEATH 2 hrs | |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. | | | DUE TO (b) Coronary sclerosis | | DUE TO (c) 4201 | | under | |
| 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 <input type="checkbox"/> NO <input checked="" type="checkbox"/> | |
| 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.) | | | | | |
| 20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m. | | | | | | | | |
| 20d. INJURY OCCURRED WHILE AT WORK <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 | | COUNTY | STATE | |
| 21. I attended the deceased from 10-19-58 to 10-19-58 and last saw her alive on 10-19-58 Death occurred at 9:20 P m on the date stated above; and to the best of my knowledge, from the causes stated. | | | | | | | | |
| 22a. SIGNATURE (Degree or title) Clement J. Dumas MD | | | | 22b. ADDRESS St Joseph Mo | | 22c. DATE SIGNED 10-20-58 | | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 23b. DATE Oct. 22, 58 | 23c. NAME OF CEMETERY OR CREMATORY Mt. Olivet Cemetery | | 23d. LOCATION (City, town, or country) St. Joseph, Mo. | | (State) | |
| 24. FUNERAL DIRECTOR W.D. Sidenfaden & Son | | | ADDRESS St Joseph, Mo. | | 25. DATE RECD. BY LOCAL REG. Oct 21, 1958 | 26. REGISTRAR'S SIGNATURE Mrs. Clark Goodell | | |

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Dr. Clement J. Dumas

EX4

OCT 27 1958

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 *Robert H. Geph*

Licensed Embalmer No. 3308
P. O. Address St. Joseph, 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.