

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-016982
STATE FILE NUMBER

FILED JUN 9 1959

Registration District No. 50

Primary Registration District No. 5180

Registrar's No. 18

300
1-57

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) OR TOWN Camdenton		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN Camdenton		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Warren Twp.		Length of stay in lb life	d. STREET ADDRESS (If outside, give location) Warren Twp.		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Josephine Middle Moreland Last Moreland			4. DATE OF DEATH Month May Day 27 Year 1959		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH March 17, 1881	9. AGE (In years by birthday) 78	IF UNDER 1 YEAR Months 0 Days 0 Hours 0 Min. 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Mercer County, Missouri		12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME John T. Lee		13b. MOTHER'S MAIDEN NAME Nancy Lee		14. NAME OF HUSBAND OR WIFE Charles Moreland	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. none		17. INFORMANT Wayne Moreland Address Camdenton, Missouri	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute myocardial failure					INTERVAL BETWEEN ONSET AND DEATH Acute
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.					
DUE TO (b) Acute posterior myocardial infarction					Acute
DUE TO (c) Arteriosclerotic heart disease					Chronic
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 4/200					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 2:15 Month, Day, Year 5-27-59 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		COUNTY STATE
21. I attended the deceased from 9-2-46 to 5-27-59 and last saw her alive on 5-27-59 Death occurred at 2:15 P.M. m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) Dale Atterbury D.O.			22b. ADDRESS Camdenton, Missouri		22c. DATE SIGNED 5/27/59
23a. BURIAL/CREMATION, REMOVAL (Specify) burial	23b. DATE 5/30/59	23c. NAME OF CEMETERY OR CREMATORY Myetta Cemetery		23d. LOCATION (City, town, or county) (State) Camden County, Missouri	
24. FUNERAL DIRECTOR Hedges Funeral Home ADDRESS Camdenton, Mo.		25. DATE RECD. BY LOCAL REG. May 30-1959	26. REGISTRAR'S SIGNATURE Zilpha J. Inow		

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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.

1985 8 20

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 *Walter P. Hooper*

Licensed Embalmer No. 265

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.