

FILED AUG 30 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **26454**

BIRTH NO. 54466-51 REG. DIST. NO. 77 PRIMARY REG. DIST. NO. 3016 Registrar's No. 210

|   |  |  |  |
|---|--|--|--|
| 1. PLACE OF DEATH<br>a. COUNTY <u>Cole Co</u>   |  | 2. USUAL RESIDENCE (Where deceased lived. - If institution: residence before admission).<br>a. STATE <u>Missouri</u> b. COUNTY <u>Moniteau</u> |  |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Jefferson City, Jefferson 1 Day</u> |  | c. CITY (If outside corporate limits, write RURAL and give township) TOWN <u>Rural Walker 06'80</u>  |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St Marys Hospital</u>  |  | d. STREET ADDRESS (If rural, give location) <u>Rt # 3, California, Mo</u>  |  |

|                                     |                         |                            |                        |   |
|-------------------------------------|-------------------------|----------------------------|------------------------|---|
| 3. NAME OF DECEASED (Type or Print) | a. (First) <u>James</u> | b. (Middle) <u>Charles</u> | c. (Last) <u>Moyer</u> | 4. DATE OF DEATH (Month) (Day) (Year)<br><u>Aug 12 1951</u> |
|-------------------------------------|-------------------------|----------------------------|------------------------|---|

|                    |                               |   |                                      |  |                                 |                                      |
|--------------------|-------------------------------|---|--------------------------------------|--|---------------------------------|--------------------------------------|
| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>1</u> | 8. DATE OF BIRTH <u>Aug. 9. 1951</u> | 9. AGE (In years last birthday) <u>3</u> | IF UNDER 1 YEAR Months <u>3</u> | IF UNDER 24 HRS. Hours <u>3</u> Min. |
|--------------------|-------------------------------|---|--------------------------------------|--|---------------------------------|--------------------------------------|

|   |                                   |   |  |
|---|-----------------------------------|---|--|
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>None</u> | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) <u>Missouri</u> | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> |
|---|-----------------------------------|---|--|

|   |  |                             |
|---|--|-----------------------------|
| 13a. FATHER'S NAME <u>Charles Moyer</u> | 13b. MOTHER'S MAIDEN NAME <u>Opal May Modlin</u> | 14. NAME OF HUSBAND OR WIFE |
|---|--|-----------------------------|

|  |                                     |  |                                |
|--|-------------------------------------|--|--------------------------------|
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u> | 16. SOCIAL SECURITY NO. <u>None</u> | 17. INFORMANT'S SIGNATURE OR NAME <u>Charles W Moyer</u> | ADDRESS <u>Rt 3, Calif, Mo</u> |
|--|-------------------------------------|--|--------------------------------|

|  |  |  |   |
|--|--|--|---|
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death. | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Prematurity</u>  |  | INTERVAL BETWEEN ONSET AND DEATH<br><u>3 days</u> |
|  | ANTECEDENT CAUSES<br><br>Morbid conditions, if any, giving DUE TO (b) rise to the above cause (a) stating the underlying cause last.<br><br>DUE TO (c) |  |   |
|  | II. OTHER SIGNIFICANT CONDITIONS<br><br>Conditions contributing to the death but not related to the disease or condition causing death.                |  |   |

|                        |                                  |  |
|------------------------|----------------------------------|--|
| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> |
|------------------------|----------------------------------|--|

|  |  |   |
|--|--|---|
| 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) (Min.) | 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 Aug. 9, 1951, to Aug. 12, 1951, that I last saw the deceased alive on Aug. 12, 1951, and that death occurred at 3:30 a.m., from the causes and on the date stated above.

|   |                   |   |                                 |
|---|-------------------|---|---------------------------------|
| 23a. SIGNATURE <u>John D. Sennett, M.D.</u> | (Degree or title) | 23b. ADDRESS <u>Jefferson City, Mo.</u> | 23c. DATE SIGNED <u>8-12-51</u> |
|---|-------------------|---|---------------------------------|

|   |                          |  |  |
|---|--------------------------|--|--|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 24b. DATE <u>8/13/51</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Catholic Cemt.</u> | 24d. LOCATION (City, town, or county) (State) <u>California, Mo.</u> |
|---|--------------------------|--|--|

|   |  |  |                           |
|---|--|--|---------------------------|
| DATE REC'D BY LOCAL REG. <u>Aug 13-1951</u> | REGISTRAR'S SIGNATURE <u>R. P. Norris M.D.</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Teasel ...</u> | ADDRESS <u>California</u> |
|---|--|--|---------------------------|

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

RECEIVED 8-29-51

DISTRICT HEALTH OFFICE No. 3

District File Number         A        

Date Filed 8-29-51

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 \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

Signed.....  
Student Embalmer

Signed.....

Licensed Embalmer No. ....

P. O. Address.....

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 this body is not embalmed, fact should be so stated' above.

*Not embalmed*