

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED AUG 6 1949

State File No. 24159

|  |  |   |  |  |  |  |  |
|--|--|---|--|--|--|--|--|
| BIRTH NO.  |  | REG. DIST. NO. 222  |  | PRIMARY REG. DIST. NO. 4333  |  | Registrar's No.  |  |
| 1. PLACE OF DEATH<br>a. COUNTY <u>Moniteau</u><br>b. CITY (If outside corporate limits, write RURAL and give township) <u>Clarksburg</u><br>c. LENGTH OF STAY (in this place)<br>d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>A</u> |  |   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <u>Missouri</u> b. COUNTY <u>Pettis</u><br>c. CITY (If outside corporate limits, write RURAL and give township) <u>W A Monte</u><br>d. STREET ADDRESS (If rural, give location) |  |  |  |
| 3. NAME OF DECEASED<br>(Type or Print)<br>a. (First) <u>APRILIA</u><br>b. (Middle) <u>MILTON</u><br>c. (Last) <u>MOLES</u>   |  | 4. DATE OF DEATH<br>(Month) (Day) (Year)<br><u>7-30-1949</u>  |  | 5. SEX <u>MALE</u>   |  | 6. COLOR OR RACE <u>WHITE</u>                                      |  |
| 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, <u>WIDOWED</u>   |  | 8. DATE OF BIRTH <u>Feb 21-1856</u>   |  | 9. AGE (In years last birthday) <u>93</u>  |  | 10. IF UNDER 1 YEAR Months <u>5</u> Days <u>9</u>                  |  |
| 11. BIRTHPLACE (State or foreign country) <u>U.S.A.</u>  |  | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>  |  | 13a. FATHER'S NAME <u>John B. Moles</u>  |  | 13b. MOTHER'S MAIDEN NAME <u>Susan Corn</u>                        |  |
| 14. NAME OF HUSBAND OR WIFE <u>EORA CRUM</u>   |  | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>   |  | 16. SOCIAL SECURITY NO. <u>NONE</u>  |  | 17. INFORMANT'S SIGNATURE OR NAME <u>Harold W. Moles</u>           |  |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.  |  | MEDICAL CERTIFICATION<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis.</u><br>ANTECEDENT CAUSES<br>Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) <u>Hypertrophied prostate gland</u><br>DUE TO (c) <u>Chronic cystitis -</u><br>II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death. <u>Senility.</u> |  | INTERVAL BETWEEN ONSET AND DEATH<br><u>2 days</u><br><u>duration 2 yrs</u><br><u>1/201</u>   |  |  |  |
| 19a. DATE OF OPERATION <u>X</u>  |  | 19b. MAJOR FINDINGS OF OPERATION <u>no operation</u>  |  | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) m.   |  | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>  |  | 21f. HOW DID INJURY OCCUR? <u>no injury</u>  |  |  |  |
| 22. I hereby certify that I attended the deceased from <u>May</u> , 19 <u>47</u> , to <u>July 30</u> , 19 <u>49</u> that I last saw the deceased alive on <u>July 30, 1949</u> , and that death occurred at <u>2:30 p. m.</u> , from the causes and on the date stated above.                          |  |   |  |  |  |  |  |
| 23a. SIGNATURE (Degree or title) <u>L. L. Latham Jr. M.D.</u>  |  |   |  | 23b. ADDRESS <u>California Mo</u>  |  | 23c. DATE SIGNED <u>7-30-49</u>                                    |  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>  |  | 24b. DATE <u>7-31-49</u>  |  | 24c. NAME OF CEMETERY OR CREMATORY <u>MAISON CEMETERY</u>  |  | 24d. LOCATION (City, town, or county) (State) <u>California Mo</u> |  |
| DATE REC'D BY LOCAL REG. <u>7-31-49</u>  |  | REGISTRAR'S SIGNATURE <u>Mrs Birdie Sturgison</u>   |  | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Paul M. Moore</u>  |  | ADDRESS  |  |

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED  
AUG 2 1949  
District Health Officer No. 9,  
District File Number

### 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 .....  
Student Embalmer

Signed \_\_\_\_\_

*Paul M. Moore*

Licensed Embalmer No. 3923

P. O. Address La Monte Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

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