

FILED JAN 8 1945

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

41990

State File No. ....

Registration District No. 295

Primary Registration District No. 4442

Registrar's No. 52

1. PLACE OF DEATH:

(a) County Randolph  
(b) City or town Higbee Mo.  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
  
(If not in hospital or institution, write street number or location) 1  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community About 25 years.  
years, months or days

3. (a) PRINT FULL NAME Mrs Laggie Moore.

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widow.  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased Feb. 2 1877  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>67</u>	<u>9</u>	<u>28</u>	hr. _____ min.

9. Birthplace Beaman Mo. (City, town, or county) (State or foreign country) 1

10. Usual occupation House Wife

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name John Beaman  
13. Birthplace Dont Know (City, town, or county) (State or foreign country) 9  
14. Maiden name Janie Webb  
15. Birthplace Dont Know (City, town, or county) (State or foreign country) 7

16. (a) Informant John Moore  
(b) Address Higbee Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 3 1944  
(Month) (Day) (Year)

(c) Place: burial or cremation: Pettis Co. Mo.

18. (a) Signature of funeral director Joe W. Burton

(b) Address Higbee Mo.

19. (a) 12-10-44 (Date received local registrar) (b) Mrs. P. D. ... (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Randolph 87  
(c) City or town Higbee Mo.  
(If outside city or town limits, write "RURAL") 1  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_ 1

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 30  
year 1944 hour 2 minute 45 A. M.

21. I hereby certify that I attended the deceased from Nov. 27  
1944 to Nov. 30 1944

that I last saw her alive on Nov. 30 1944  
and that death occurred on the date and hour stated above

Immediate cause of death Acute dilatation of the heart Duration \_\_\_\_\_

Due to Essential hypertension

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations 9564

Of autopsy \_\_\_\_\_

PHYSICIAN  
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
(b) Date of occurrence \_\_\_\_\_  
(c) Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

While at work? (Specify type of place) \_\_\_\_\_ Means of injury \_\_\_\_\_

23. Signature V. F. ... (Specify type of place) \_\_\_\_\_  
Address Higbee Mo. Date signed 12-2-44

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

1027

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 10

District File Number 1-45-11

Date Filed JAN 5 1945

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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.....

....., Registered Apprentice No.....  
working under my personal supervision.

Signed James W. Stegner

Licensed Embalmer No. 3780

P. O. Address Boonville, 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 this body is not embalmed, fact should be so stated above!**