FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JUL 9 1948

Registration District No. 274

MISSOURI DIVISION OF HEALTH
# STANDARD CERTIFICATE OF DEATH

State File No. 20328

Primary Registration District No. 3052

Registrar's No. 182

1. PLACE OF DEATH:
(a) County: Pettis
(b) City or town: Sedalia (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Bothwell Hospital (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 48 hours (Specify whether years, months or days)
In this community: 19 years

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Pettis
(c) City or town: Sedalia (If outside city or town limits, write "RURAL")
(d) Street No.: Route 5, Sedalia (North Engineer Avenue) (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: Joseph L. Moore
3. (b) If veteran, name war: World War II
3. (c) Social Security No.: 498-22-8775
4. Sex: Male
5. Color or race: White
6. (a) Single, widowed, married, divorced: Single
6. (b) Name of husband or wife: ********
6. (c) Age of husband or wife if alive: years
7. Birth date of deceased: June 2, 1927 (Month) (Day) (Year)

| 8. AGE: Years | Months | Days | If less than one day |
|---|---|---|---|
| 21 | 0 | 20 | hr. min. |

9. Birthplace: Jefferson City, Missouri (City, town, or county) (State or foreign country)
10. Usual occupation: Foreman, Parkhurst Mfg. Co.
11. Industry or business:
FATHER
12. Name: Joseph R. Moore
13. Birthplace: Pettis County, Mo. (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name: Leone Shaw
15. Birthplace: Pettis County, Mo. (City, town, or county) (State or foreign country)
16. (a) Informant: Joseph R. Moore (father)
(b) Address: Route 5, Sedalia, Mo.
17. (a) Burial, cremation, or removal: Burial (b) Date thereof: 6/25/48 (Month) (Day) (Year)
(c) Place: burial or cremation: Crown Hill
18. (a) Signature of funeral director: Duane Ewing
(b) Address: Sedalia, Mo.
19. (a) Date received by local registrar: 6/25/48 (b) Registrar's signature: Betty Yeager, Deputy

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: June day: 22, year: 1948 hour: 10:30 minute: A. M.
21. I hereby certify that I attended the deceased from June 20, 1948 to June 22, 1948 that I last saw him alive on June 22, 1948 and that death occurred on the date and hour stated above.

| Immediate cause of death | Duration |
|---|---|
| 1. Cerebral hemorrhage from Concussion | 2 days |
| Due to: 2. Fracture of lumbar spine #4 | |
| Due to: 3. Fracture of tibia and fibula (right) all due to | |
| Other conditions: Automobile accident (Include pregnancy within 3 months of death) | |

Major findings:
Of operations:
Of autopsy: None

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

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify): Accident
(b) Date of occurrence: June 20 1948
(c) Where did injury occur? Morgan & Mo (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? No (Specify type of place)
While at work? No (e) Means of injury: automobile wreck
23. Signature: Chas D Thome (M. D. or other) M.D.
Address: Sedalia Mo Date signed: 6/23/48

(Licensed Embalmer's Statement on Reverse Side)

Jefferson City Printing Co.

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

**RECEIVED**
**District Health Officer No. 8,**
**District File Number**
**Date Filed** 7-8-48

Dr. Osborne

242 E. 4th

JUL 19 1948

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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 Warren K. Dietz Registered Apprentice No. 70, working under my personal supervision.

Signed Duane Ewing

Licensed Embalmer No. 3847

P. O. Address Sedalia 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.**