

FILED JAN 24 1949

STANDARD CERTIFICATE OF DEATH

State File No. 940

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 54

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

1. PLACE OF DEATH a. COUNTY <b>Greene</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Greene</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Springfield</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Springfield</b>	
c. LENGTH OF STAY (In this place) <b>40 Yrs.</b>		d. STREET ADDRESS (If rural, give location) <b>2172 N. Summit</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>2172 N. Summit</b>		d. STREET ADDRESS <b>2172 N. Summit</b>	

3. NAME OF DECEASED (Type or Print)	a. (First) <b>Homer</b>	b. (Middle) <b>Otto</b>	c. (Last) <b>Moore</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>Jan. 19 1948</b>
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5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>married</b>	8. DATE OF BIRTH <b>Dec. 26-1879</b>	9. AGE (In years last birthday) Months Days <b>69 0 23</b>	IF UNDER 1 YEAR Hours Min. <b>23</b>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Ret. Railroad emp.</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Ret. railroad W.</b>	11. BIRTHPLACE (State or foreign country) <b>Douglas Co. Missouri</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>
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13a. FATHER'S NAME <b>Franklin Moore</b>	13b. MOTHER'S MAIDEN NAME <b>Mariah Mallicoat</b>	14. NAME OF HUSBAND OR WIFE <b>Cora Moore</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>	16. SOCIAL SECURITY NO. <b>500-09-8688</b>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mrs. Alfred Longwell 725 E. High</b>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>probably coronary thrombosis</b>		
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) _____ DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.  <b>420</b>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <b>420</b>	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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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)
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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? <b>8</b>
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22. I hereby certify that ~~I attended~~ the deceased from **unattended by Physician**, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at **4:40 p. m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>W. S. Handley Local Registrar</b>	23b. ADDRESS <b>City Hall Springfield Mo</b>	23c. DATE SIGNED <b>1/21/49</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>1-22-49</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Greenlawn</b>	24d. LOCATION (City, town, or county) (State) <b>Springfield Mo.</b>
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DATE REC'D BY LOCAL REG. <b>1-21-49</b>	REGISTRAR'S SIGNATURE <b>W. S. Handley wd</b>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>J. W. Klingner &amp; Co. Springfield</b>
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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.....

..... Student Embalmer No. ....

working under my personal supervision.

Student .....  
Student Embalmer

Signed

*Ogden Slone Jr.*

Licensed Embalmer No. *4276*

P. O. Address *Springfield*

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.