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FILED MAR 4 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

4383
State File No. 4

BIRTH NO. _____ REG. DIST. NO. 83 PRIMARY REG. DIST. NO. 4145 Registrar's No. 4

1. PLACE OF DEATH a. COUNTY Cooper Co		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Cooper	
b. CITY (If outside corporate limits, write RURAL and give township) Prarie Home, Mo		c. CITY (If outside corporate limits, write RURAL and give township) Prarie Home, Mo	
c. LENGTH OF STAY (in this place) 6 Yrs		d. STREET ADDRESS (If rural, give location) Gen Del	
d. FULL NAME OF HOSPITAL OR INSTITUTION Prarie Home, Gen Del			

3. NAME OF DECEASED (Type or Print) John William Moore			4. DATE OF DEATH (Month) (Day) (Year) Feb 18 1949		
a. (First)		b. (Middle)		c. (Last)	

5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Dec. 6, 1878	9. AGE (In years last birthday) 70		IF UNDER 1 YEAR Months 2	IF UNDER 24 HRS. Days 12	Hours	Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Moniteau Co	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Preslie Moore	13b. MOTHER'S MAIDEN NAME Nancy Howard	14. NAME OF HUSBAND OR WIFE Sadie Moore
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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) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Sadie Moore Prarie Home
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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 3 days (mo) no record
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral apoplexy		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) arterio sclerosis DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 3348			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) No	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)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from Feb. 15, 1949, to Feb. 18, 1949, that I last saw the deceased alive on Feb. 17, 1949, and that death occurred at 7:45 A.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) A. E. Stone M.D.	23b. ADDRESS Boonville Mo	23c. DATE SIGNED Feb. 19, 1949
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Feb. 20, 1949	24c. NAME OF CEMETERY OR CREMATORY Mt Pleasant Cent.	24d. LOCATION (City, town, or county) (State) Cooper Co MO
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DATE REC'D BY LOCAL REG Feb 19-49	REGISTRAR'S SIGNATURE V. T. Meredith 72	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Rowlin L. Home California
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(Licensed Embalmer's Statement on Reverse Side)

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

770

RECEIVED

District Health Officer No. 8.

District File Number.....

Date Filed 2-3-49

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.

Signed Earl R. Bowlin

Signed.....
Student Embalmer

Licensed Embalmer No. 2126

P. O. Address California

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.