

FILED MAY 10 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 12217

BIRTH NO. _____ REG. DIST. NO. 141 PRIMARY REG. DIST. NO. 3025 Registrar's No. 46

1. PLACE OF DEATH a. COUNTY <u>Newton</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Newton</u>	
b. CITY OR TOWN <u>West Plains</u>		c. CITY OR TOWN <u>West Plains</u>	
c. LENGTH OF STAY (In this place) <u>2 2/3</u>		d. STREET ADDRESS (If rural, give location) <u>Route 1</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Dr. R. Smith's office</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Chas.</u> b. (Middle) <u>Maxfield</u> c. (Last) <u>Moore</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>2 21-49</u>		
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5. SEX <u>MO</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>M</u>	8. DATE OF BIRTH <u>4-2-1893</u>	9. AGE (In years last birthday) <u>55</u>	IF UNDER 1 YEAR Months <u>10</u> Days <u>19</u>	IF UNDER 4 HRS. Hours <u>19</u> Min.
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10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <u>Farmer</u>	10b. KIND OF BUSINESS OR INDUSTRY <input checked="" type="checkbox"/>	11. BIRTHPLACE (State or foreign country) <u>Lawrence Co., Ark.</u>	12. CITIZENRY OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>Chas. Moore</u>	13b. MOTHER'S MAIDEN NAME <u>Whipple Dent</u>	14. NAME OF HUSBAND OR WIFE <u>Martha S. Moore</u>
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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)	16. SOCIAL SECURITY NO. <input checked="" type="checkbox"/>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. C. M. Moore</u>	ADDRESS <u>West Plains Mo</u>
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>21 days</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u>		
	ANTECEDENT CAUSES DUE TO (b) <u>Acute Respiratory Infection</u> DUE TO (c) <u>Coronary Hypertrophy</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<u>4201</u>	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	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) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>3*</u>
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22. I hereby certify that I attended the deceased from Jan 31, 1949 to Feb 25, 1949, that I last saw the deceased alive on Feb 21, 1949 and that death occurred at 3:00 m., from the causes and on the date stated above.

23a. SIGNATURE <u>Robert A. Smith, M.D.</u>	23b. ADDRESS <u>West Plains, Mo.</u>	23c. DATE SIGNED <u>3/2/49</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>B</u>	24b. DATE <u>2-23-49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Yadkin</u>	24d. LOCATION (City, town, or county) (State) <u>Kavenden, Ark.</u>
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DATE REC'D BY LOCAL REG. <u>4-26-49</u>	REGISTRAR'S SIGNATURE <u>Beatrice Cook</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Robertson, West Plains, Mo</u>	ADDRESS <u>379</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

District Health Officer No. 5,

District File Number 549329

Date Filed 5-6-49

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.

Student
Student Embalmer

Signed

A. D. Robertson

Licensed Embalmer No. 3477

P. O. Address West Haven

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.