

FILED APR 27 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 14009
3448
Registrar's No.

318

1003

BIRTH NO. REG. DIST. NO. PRIMARY REG. DIST. NO.

MR
over
17
9

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

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Arkansas</u> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Datto</u>	
c. LENGTH OF STAY (In this place) <u>3 days</u>		d. STREET ADDRESS (If rural, give location) <u>2</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Missouri Baptist Hospital</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Horace</u>		b. (Middle) <u>Moore</u>	
c. (Last)		4. DATE OF DEATH (Month) (Day) (Year) <u>4-14-1949</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Unknown</u>
9. AGE (In years last birthday) <u>59</u>	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Teacher</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>?</u>	11. BIRTHPLACE (State or foreign country) <u>Arkansas</u>
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>Joseph Moore</u>	
13b. MOTHER'S MAIDEN NAME <u>Unknown</u>		14. NAME OF HUSBAND OR WIFE <u>Berthe</u>	
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.	
17. INFORMANT'S SIGNATURE OR NAME <u>Berthe Moore</u>		ADDRESS <u>Datto Ark</u>	
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary occlusion</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>arteriosclerotic heart disease</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>9/30</u>	
INTERVAL BETWEEN ONSET AND DEATH <u>7 days</u>		19a. DATE OF OPERATION	
19b. MAJOR FINDINGS OF OPERATION <u>None</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
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)		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?	
22. I hereby certify that I attended the deceased from <u>4/11</u> , 19 <u>49</u> , to <u>4/14</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>4/13</u> , 19 <u>49</u> , and that death occurred at <u>12:50 a.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>H. F. Bergman M.D.</u>		23b. ADDRESS <u>3220 Washington</u>	
23c. DATE SIGNED <u>4/14/49</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	
24b. DATE <u>4-14-49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Datto</u>	
24d. LOCATION (City, town, or county) (State) <u>Ark</u>		DATE REC'D BY LOCAL REG.	
REGISTRAR'S SIGNATURE <u>J. B. Tinsley</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Rowland Mortuary Service</u>	
ADDRESS		ADDRESS <u>7104 Manchester Ave.</u>	

APR 16 1949

(Licensed Embalmer's Statement on Reverse Side)

7104 Manchester Ave.

8178

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 Ronald O Yahnke

Signed _____
Student Embalmer

Licensed Embalmer No. 3917

P. O. Address O. Lewis 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.