

FILED JUN 6 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **15560**

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

BIRTH NO. _____		REG. DIST. NO. 128		PRIMARY REG. DIST. NO. 2000		Registrar's No. 468	
1. PLACE OF DEATH a. COUNTY GREENE				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MO. b. COUNTY GREENE			
b. CITY (If outside corporate limits, write RURAL and give town or township) SPRINGFIELD		c. LENGTH OF STAY (In this place) 1 WEEK		c. CITY (If outside corporate limits, write RURAL and give township) SPRINGFIELD			
d. FULL NAME OF HOSPITAL OR INSTITUTION 2401 West Highland				d. STREET ADDRESS (If rural, give location) 2401 West Highland			
3. NAME OF DECEASED (Type or Print) a. (First) HUSE			b. (Middle) _____			c. (Last) MOORE	
4. DATE OF DEATH (Month) (Day) (Year) MAY 27 1949		5. SEX MALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	
8. DATE OF BIRTH JAN. 12 1883		9. AGE (In years last birthday) 66		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER		10b. KIND OF BUSINESS OR INDUSTRY FARMER	
11. BIRTHPLACE (State or foreign country) WRIGHT COUNTY, MO.				12. CITIZEN OF WHAT COUNTRY? U.S.A.			
13a. FATHER'S NAME WILLIAM JASPER MOORE			13b. MOTHER'S MAIDEN NAME ELIZABETH SMITH			14. NAME OF HUSBAND OR WIFE Arta ESTES	
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. _____		17. INFORMANT'S SIGNATURE OR NAME Anna Mabel Culler ADDRESS 2401 West Highland			
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardiovascular renal disease ANTECEDENT CAUSES DUE TO (b) Hypertension DUE TO (c) Arteriosclerosis II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 2 yrs 472X	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) _____		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 May 27 1949 to May 27 1949 , that I last saw the deceased alive on May 27, 1949 and that death occurred at 11:00 p. m. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Don Silsby M.D.				23b. ADDRESS Springfield, MO		23c. DATE SIGNED 5-29-49	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removed		24b. DATE MAY 26/49		24c. NAME OF CEMETERY OR CREMATORY MTN. VALLEY		24d. LOCATION (City, town, or county) (State) WRIGHT COUNTY MO.	
DATE REC'D BY LOCAL REG. 6/3/49		REGISTRAR'S SIGNATURE W.S. Handley M.D.		25. FUNERAL DIRECTOR'S SIGNATURE R.W. Barb		ADDRESS 1700. Mt. Hope	

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 R. W. Darby.....

Licensed Embalmer No. 3848

P. O. Address Inter. Home, 200

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.