

FILED MAY 31 1949

STANDARD CERTIFICATE OF DEATH

State File No. 16521

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 183 PRIMARY REG. DIST. NO. 5685 Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY <b>Linn</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Linn</b>		
b. CITY (If outside corporate limits, write RURAL and give township) <b>Purdin (rural)</b>		c. LENGTH OF STAY (in this place) <b>Jackson</b>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Purdin rural</b>		
d. FULL NAME OF HOSPITAL OR INSTITUTION			d. STREET ADDRESS (If rural, give location) <b>9</b>		

3. NAME OF DECEASED (Type or Print)	a. (First) <b>Benj.</b>	b. (Middle) <b>Gull</b>	c. (Last) <b>Moore</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>5 14 49</b>
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5. SEX <b>M</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>Sept, 18, 1861</b>	9. AGE (In years last birthday) <b>87</b>	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 HR. Hours	IF UNDER 15 MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY <b>Farmer</b>	11. BIRTHPLACE (State or foreign country) <b>Missouri</b>	12. CITIZEN OF WHAT COUNTRY? <b>0</b>
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13a. FATHER'S NAME <b>William Moore</b>	13b. MOTHER'S MAIDEN NAME <b>Susan A. Toler</b>	14. NAME OF HUSBAND OR WIFE
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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. <b>--</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Joe Moore</b> ADDRESS <b>Purdin</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, ashenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary atherosclerosis &amp; myocardial infarction</b>		INTERVAL BETWEEN ONSET AND DEATH <b>one week</b>
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Arteriosclerosis general</b>		-
	DUE TO (c) <b>Senility</b>		-
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			<b>4201</b>

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) (m.)	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 May 12, 1949 to May 14, 1949, that I last saw the deceased alive on May 12, 1949, and that death occurred at 6:15pm from the causes and on the date stated above.

23a. SIGNATURE <b>Wm R Difer M.D.</b> (Degree or title)	23b. ADDRESS <b>Frankford Mo</b>	23c. DATE SIGNED <b>5-16-49</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>5-17-49</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Morris Chapel</b>	24d. LOCATION (City, town, or county) (State) <b>Purdin MO.</b>
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DATE REC'D BY LOCAL REG. <b>May 19, 49</b>	REGISTRAR'S SIGNATURE <b>Elva Crookshank</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Wade Funeral Home</b> ADDRESS <b>Browning, Mo.</b>
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(Licensed Embalmer's Statement on Reverse Side)

No. 300 10-48 5-8 0000 WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

JUL 22 1948

DISTRICT HEALTH OFFICE  
Cameron, Mo.

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 Gerald F. Wade

Licensed Embalmer No. 4172

P. O. Address \_\_\_\_\_

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.