

FILED AUG 11 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 23000

BIRTH NO.		REG. DIST. NO. 104		PRIMARY REG. DIST. NO. 5418		Registrar's No. 24		
1. PLACE OF DEATH a. COUNTY Dunklin				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Dunklin				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN 1 Mile West Malden		c. LENGTH OF STAY (in this place) 3 hours		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Malden		333		
d. FULL NAME OF HOSPITAL OR INSTITUTION Rural				d. STREET ADDRESS (If rural, give location) City Hall				
3. NAME OF DECEASED (Type or Print) a. (First) Francis b. (Middle) Marion c. (Last) Moore			4. DATE OF DEATH (Month) (Day) (Year) July 20, 1949					
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single		8. DATE OF BIRTH Sept 22, 1888		
9. AGE (In years last birthday) 60		IF UNDER 1 YEAR Months 9 Days 28		IF UNDER 2 HRS. Hours Min. 				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Union County Kentucky		12. CITIZEN OF WHAT COUNTRY? U. S. A.	
13a. FATHER'S NAME William H. Moore			13b. MOTHER'S MAIDEN NAME Drucille Gibbs			14. NAME OF HUSBAND OR WIFE None		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes 1st World War		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Leonard Moore Clarkton, Mo.				
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. INTERVAL BETWEEN ONSET AND DEATH 4201						
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION			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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 3:30 P. m. , from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) Walter H. Hunt, Coroner				23b. ADDRESS Kennett, Mo.		23c. DATE SIGNED 7-28-49		
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE July 22-49		24c. NAME OF CEMETERY OR CREMATORY Stanfield		24d. LOCATION (City, town, or county) (State) Clarkton, Mo.		
DATE REC'D BY LOCAL REG. 7-26-1949		REGISTRAR'S SIGNATURE J. W. Schuman			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS J. W. Schuman Malden, Mo.			

(Licensed Embalmer's Statement on Reverse Side)

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

AUG 24 1949

RECEIVED

AUG 61

District Health Office No.

District File Number ⁸⁴⁹⁻ 769

Date Filed

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

J. W. Schuman

Licensed Embalmer No. 4086

P. O. Address *Malden*

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.