

FILED JUL 16 1949

STANDARD CERTIFICATE OF DEATH

24356

State File No.

BIRTH NO. _____ REG. DIST. NO. 278 PRIMARY REG. DIST. NO. 3054 Registrar's No. 54

1. PLACE OF DEATH a. COUNTY <u>Pike</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Pike</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Louisiana</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Louisiana</u>	
c. LENGTH OF STAY (in this place) <u>90 Yrs.</u>		d. STREET ADDRESS (If rural, give location) <u>1421 North Carolina St.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Pike Co. Hospital</u>			

3. NAME OF DECEASED (Type or Print) <u>MINERVA</u>	a. (First)	b. (Middle)	c. (Last) <u>MOORE</u>	4. DATE OF DEATH <u>JULY 4 1949</u>
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>Colored</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>11/30/1847</u>	9. AGE (in years last birthday) <u>101</u>	IF UNDER 1 YEAR Days <u>7</u>	IF UNDER 24 Hrs. Hours <u>5</u> Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Housewife</u>	11. BIRTHPLACE (State or foreign country) <u>Paynesville, Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U. S.</u>
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13a. FATHER'S NAME <u>Unknown</u>	13b. MOTHER'S MAIDEN NAME <u>Harriet Clark</u>	14. NAME OF HUSBAND OR WIFE <u>Banks 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) <u>NO</u>	16. SOCIAL SECURITY NO. <u>NO</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Robert Lewis</u>	ADDRESS <u>Louisiana, Missouri</u>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage with Rt. Hemiplegia.</u>		<u>1 month.</u>
	ANTECEDENT CAUSES <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i>		
	DUE TO (b) <u>Vitamin deficiency, malnutrition</u>		
	DUE TO (c) <u>Senile Vaginitis.</u>		<u>6 months.</u>
	II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>		<u>3.31X</u>

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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 June 24, 1949, to July 4, 1949, that I last saw the deceased alive on July 4, 1949, and that death occurred at 3:30 P.m., from the causes and on the date stated above.

23a. SIGNATURE <u>Robert L. Andrae, M.D.</u> (Degree or title)	23b. ADDRESS <u>216 Georgia St., Louisiana, Mo.</u>	23c. DATE SIGNED <u>7/6/49</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>7/7/49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Riverview Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Louisiana, Missouri</u>
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DATE REC'D BY LOCAL REG. <u>July 7, 1949</u>	REGISTRAR'S SIGNATURE <u>Bernice Collier</u> <u>374</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Garner & Sterne--Louisiana, Missouri</u>	ADDRESS
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD—

RECEIVED

District Health Officer No. 1

District File Number 7-49-12

Date Filed JUL 14 1949

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 Virginia M. Stone

Licensed Embalmer No. 4645

P. O. Address Louisiana, 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.