

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

27201

State File No.

FILED SEP 12 1949

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BIRTH NO. _____ REG. DIST. NO. 156 PRIMARY REG. DIST. NO. 2001 Registrar's No. 879

1. PLACE OF DEATH a. COUNTY Jasper		2. USUAL RESIDENCE (Where deceased lived; If institution: residence before admission) a. STATE Missouri b. COUNTY Jasper	
b. CITY (If outside corporate limits, write RURAL, and give township) Joplin		c. CITY (If outside corporate limits, write RURAL and give township) Joplin	
c. LENGTH OF STAY (In this place) 76 Yrs.		d. STREET ADDRESS (If rural, give location) 3012 East 7th Street	
d. FULL NAME OF HOSPITAL OR INSTITUTION Freeman Hospital			

3. NAME OF DECEASED (Type or Print)	a. (First) James	b. (Middle) Austin	c. (Last) MOORE	4. DATE OF DEATH (Month) (Day) (Year) August 23, 1949
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5. SEX Male	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH June 19, 1869	9. AGE (In years last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.
				80	Months 2 Days 3	Hours 3 Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Operator	10b. KIND OF BUSINESS OR INDUSTRY Minning	11. BIRTHPLACE (State or foreign country) Illinois	12. CITIZEN OF WHAT COUNTRY? U.S.
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13a. FATHER'S NAME John Moore	13b. MOTHER'S MAIDEN NAME Leah Doris	14. NAME OF HUSBAND OR WIFE Maggie Moore
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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) No	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME Glenn Moore	ADDRESS 3030 East 7th Joplin, Missouri
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypertrophied prostate with uremia		8-4-49
	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.		10/10X	

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)
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 5-20, 1949, to 8-23, 1949, that I last saw the deceased alive on 8-23, 1949, and that death occurred at 11:05P m., from the causes and on the date stated above.

23a. SIGNATURE _____ (Degree or title) M.D.	23b. ADDRESS 321 Frisco Bldg., Joplin, Mo.	23c. DATE SIGNED 8-26-49
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE August 26, 1949	24c. NAME OF CEMETERY OR CREMATORY Forest Park Cemetery	24d. LOCATION (City, town, or county) (State) Joplin, Missouri
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DATE REC'D BY LOCAL BEER 8-29-49	REGISTRAR'S SIGNATURE _____	25. FUNERAL DIRECTOR'S SIGNATURE Thornhill-Dillon Mort.	ADDRESS Joplin, Mo.
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WRITE PLAINLY--USING UNFADING BLACK INK--MAKE A PERMANENT RECORD

RECEIVED 9-6-49
Jasper County Health Office

County File Number 49-8-684

Date Filed 9-9-49

SEP 22 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 _____

Charles E. Frey

Student Embalmer No. 325

working under my personal supervision.

Student Charles E. Frey
Student Embalmer

Signed Jesse P. Sullivan

Licensed Embalmer No. 4646

P. O. Address Joplin, 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.