

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **28965**

BIRTH NO. _____ REG. DIST. NO. **324** PRIMARY REG. DIST. NO. **3072** Registrar's No. **160**

1. PLACE OF DEATH a. COUNTY Saline		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Saline	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Marshall, Mo.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Marshall	
c. LENGTH OF STAY (in this place) 5 Yrs.		97 / 0	
d. FULL NAME OF HOSPITAL OR INSTITUTION 1407 South Redman		d. STREET ADDRESS (If rural, give location) 1407 South Redman	

3. NAME OF DECEASED (Type or Print)	a. (First) Lena	b. (Middle) May	c. (Last) Moore	4. DATE OF DEATH (Month) (Day) (Year) August 9-1949
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH May 30-1896	9. AGE (In years last birthday) 53	IF UNDER 1 YEAR Months 2 Days 10	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Wife	10b. KIND OF BUSINESS OR INDUSTRY Kept House	11. BIRTHPLACE (State or foreign country) Arrow Rock, Missouri	12. CITIZEN OF WHAT COUNTRY U.S.A.
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13a. FATHER'S NAME David C. Nixon	13b. MOTHER'S MAIDEN NAME Matilda Blosser	14. NAME OF HUSBAND OR WIFE Henry C. 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. none	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Henry C. Moore - Marshall, Mo.
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 8-8-49
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Lobar Pneumonia		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Flu DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		780X	

19a. DATE OF OPERATION X	19b. MAJOR FINDINGS OF OPERATION X	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) No	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) X	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? X
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22. I hereby certify that I attended the deceased from **Aug 1**, 19**49** to **8-9**, 19**49**, that I last saw the deceased alive on **8-9**, 19**49**, and that death occurred at **8:45 P.m.**, from the causes and on the date stated above.

23a. SIGNATURE A. Putnam M.D. (Degree or title)	23b. ADDRESS Marshall Mo	23c. DATE SIGNED 8-10-49
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE Aug. 11, 1949	24c. NAME OF CEMETERY OR CREMATORY Blue Lick Cemetery	24d. LOCATION (City, town, or county) (State) Marshall-Missouri
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DATE REC'D BY LOCAL REG. 8-10-49	REGISTRAR'S SIGNATURE Sidney Gray	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS A. Leslie Sweeney Marshall, Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

97
/
0

AUG 15

RECEIVED

District Health Office - No. 8,

District Health Office

Date 8-19-49

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.

Signed..... *J. Galic Swenson*

Signed.....

Student Embalmer

Licensed Embalmer No. 3235

P. O. Address Marshall

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.