No. 300
10-48

FILED SEP 19 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 29351

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 975

1. PLACE OF DEATH
a. COUNTY: Buchanan
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Joseph
c. LENGTH OF STAY (In this place): 36 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Missouri Methodist Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Buchanan
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Joseph
d. STREET ADDRESS (If rural, give location): 1526 Mitchell

3. NAME OF DECEASED (Type or Print)
a. (First): Bettie
b. (Middle): M.
c. (Last): Moore

4. DATE OF DEATH (Month) (Day) (Year): Sept. 3, 1949

5. SEX: female
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): widowed
8. DATE OF BIRTH: July 8, 1868
9. AGE (In years last birthday): 81 — IF UNDER 1 YEAR: Months 1, Days 25 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): at home
10b. KIND OF BUSINESS OR INDUSTRY: at home
11. BIRTHPLACE (State or foreign country): Buchanan County, Missouri
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Jonathan Gray
13b. MOTHER'S MAIDEN NAME: Lucy Smith
14. NAME OF HUSBAND OR WIFE: William N. Moore

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service): none
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S SIGNATURE OR NAME / ADDRESS: Mina Moore, 1526 Mitchell, St. Joseph

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)	Pulmonary Embolism	Stat.
ANTECEDENT CAUSES — Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	Frac. Rt hip	6 wk
DUE TO (c)		5900 (1) 81
II. OTHER SIGNIFICANT CONDITIONS — Conditions contributing to the death but not related to the disease or condition causing death.	Extensive decubitus ulcers	5 wks

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT ~~SUICIDE~~ ~~HOMICIDE~~ (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Home
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): St Joseph Mo Buchanan
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): 7-29 49 P.m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☑
21f. HOW DID INJURY OCCUR?: Fell down steps

22. *I hereby certify that I attended the deceased from* 7-29, 1949, *to* 9-3-, 1949, *that I last saw the deceased alive on* 9-3-, 1949, *and that death occurred at* 11:05 A.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): M. E. Grimes
23b. ADDRESS: St Joseph Mo
23c. DATE SIGNED: 9-6-49

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 9-5-1949
24c. NAME OF CEMETERY OR CREMATORY: Ebenezer cemetery
24d. LOCATION (City, town, or county) (State): Buchanan County Mo.

DATE REC'D BY LOCAL REG.: Sept. 10, 1949
REGISTRAR'S SIGNATURE: C. C. Jenkins
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25. FUNERAL DIRECTOR'S SIGNATURE / ADDRESS: Heaton Bowman Funeral Home St. Joseph, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

Dr. M. E. Haines

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 James B Hawkins

Licensed Embalmer No. 4536

P. O. Address 319 S. 10th St. Joseph 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.