

FILED SEP 26 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 31323

BIRTH NO. _____ REG. DIST. NO. 274 PRIMARY REG. DIST. NO. 3052 Registrar's No. 308

1. PLACE OF DEATH a. COUNTY <i>Pettis</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <i>Missouri</i> b. COUNTY <i>Pettis</i>	
b. CITY (If outside corporate limits, write RURAL and give town) <i>Sedalia</i>		c. CITY (If outside corporate limits, write RURAL and give township) <i>Smithton Sedalia</i>	
c. LENGTH OF STAY (in this place) <i>3 yr</i>		d. STREET ADDRESS (If rural, give location) <i>903 E. 3rd</i>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>903 E 3rd</i>			

3. NAME OF DECEASED (Type or Print) a. (First) <i>HILDA</i>	b. (Middle) <i>LOUISE</i>	c. (Last) <i>MOORE</i>	4. DATE OF DEATH (Month) (Day) (Year) <i>9 6 49</i>
--	---------------------------	------------------------	--

5. SEX <i>F</i>	6. COLOR OR RACE <i>W</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>married</i>	8. DATE OF BIRTH <i>Sept 16-1910</i>	9. AGE (in years last birthday) <i>38</i>	IF UNDER 1 YEAR Months <i>11</i> Days <i>20</i>	IF UNDER 4 HRS. Hours <i></i> Min. <i></i>
-----------------	---------------------------	---	--------------------------------------	---	---	--

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i>	10b. KIND OF BUSINESS OR INDUSTRY <i>Seamster</i>	11. BIRTHPLACE (State or foreign country) <i>Bunton, Cooper Co, Mo</i>	12. CITIZEN OF WHAT COUNTRY? <i>USA</i>
--	---	--	---

13a. FATHER'S NAME <i>Ruben Young</i>	13b. MOTHER'S MAIDEN NAME <i>Helen Mae Lewis</i>	14. NAME OF HUSBAND OR WIFE <i>Albert Moore</i>
---------------------------------------	--	---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <i>no</i>	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <i>491-077449</i>	17. INFORMANT'S SIGNATURE OR NAME <i>Ruben Young</i>	ADDRESS <i>Smithton Mo</i>
---	--	--	----------------------------

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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Respiratory failure</i>		INTERVAL BETWEEN ONSET AND DEATH <i>36 hours</i>
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause, (a), stating the underlying cause last: DUE TO (b) <i>Hydrostatic pneumonia</i>		
	DUE TO (c) <i>Paralysis from spinal cord tumor</i>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <i>Hodgkins Disease</i>		<i>201X</i>	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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 *7-20, 1949*, to *9-6, 1949*, that I last saw the deceased alive on *9-6, 1949*, and that death occurred at *7:40 P.M.*, from the causes and on the date stated above.

23a. SIGNATURE <i>W. Maunders</i> (Degree or title) <i>D.O.</i>	23b. ADDRESS <i>501 1/2 D. Engineer, Sedalia</i>	23c. DATE SIGNED <i>9/7/49</i>
---	--	--------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24b. DATE <i>Sept 9-49</i>	24c. NAME OF CEMETERY OR CREMATORY <i>Smithton</i>	24d. LOCATION (City, town, or county) (State) <i>Smithton Mo</i>
---	----------------------------	--	--

DATE REC'D BY LOCAL REG. <i>9-12-49</i>	REGISTRAR'S SIGNATURE <i>Betty Yeager</i>	25. FUNERAL DIRECTOR'S SIGNATURE <i>A. F. Neumeier</i>	ADDRESS <i>Smithton Mo</i>
---	---	--	----------------------------

(Licensed Embalmer's Statement on Reverse Side)

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

80
6

SEP 19

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed 9-23-49

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.

Student
Student Embalmer

Signed A. F. Kemmeyer

Licensed Embalmer No. 3912

P. O. Address Smithton 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. not embalmed