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FILED OCT 17 1949

STANDARD CERTIFICATE OF DEATH

State File No. **34100**

BIRTH NO. _____ REG. DIST. NO. 157 PRIMARY REG. DIST. NO. 3028 Registrar's No. 179

1. PLACE OF DEATH a. COUNTY <u>Jasper</u>		2. USUAL RESIDENCE (Where deceased lived (If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Jasper</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Casthoge</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Jasper</u>	
c. LENGTH OF STAY (in this place) <u>1 wk</u>		d. STREET ADDRESS (If rural, give location) <u>Mo 1</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>M. Cune - Brook Hosp</u>			

3. NAME OF DECEASED a. (First) <u>Nora Alice</u> b. (Middle) <u>Moore</u> c. (Last) <u>Moore</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Sept 23-49</u>		
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5. SEX <u>Female</u>		6. COLOR OR RACE <u>wh</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>unmarried</u>		8. DATE OF BIRTH <u>Sept 11-1973</u>		9. AGE (In years last birthday) <u>76</u> 0 <u>12</u>		10. UNDER 1 YEAR Months		11. UNDER 24 HRS. Days		12. UNDER 6 HRS. Hours		13. UNDER 1 MIN. Min.	
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></u>				11. BIRTHPLACE (State or foreign country) <u>Laurence Co, Mo</u>				12. CITIZEN OF WHAT COUNTRY? <u></u>					

13a. FATHER'S NAME <u>Geo Sparks</u>			13b. MOTHER'S MAIDEN NAME <u>Eliz Hubbard</u>			14. NAME OF HUSBAND OR WIFE <u>George</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)		16. SOCIAL SECURITY NO. <u></u>		17. INFORMANT'S SIGNATURE OR NAME <u></u>		ADDRESS <u></u>	
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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	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Gangrene of foot</u>		ANTECEDENT CAUSES				<u>2 mo</u>	
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) <u>Arterio sclerosis</u>				<u>1 year</u>	
		DUE TO (c) <u>Foot amputated</u>				<u>4501</u>	
II. OTHER SIGNIFICANT CONDITIONS		Conditions contributing to the death but not related to the disease or condition causing death. <u>Foot amputated</u>				<u>9-19-49</u>	

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>Blood supply very poor</u>				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)		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 10-23, 1949, to 9-23, 1949, that I last saw the deceased alive on 10-23, 1949, and that death occurred at 10-25 from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>M.D. V</u>		23b. ADDRESS <u>Harvey Cem</u>		23c. DATE SIGNED <u>9-26-49</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>9-25-49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Harvey Cem</u>		24d. LOCATION (City, town, or county) (State) <u>Laurence Mo</u>	
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DATE REC'D BY LOCAL REG. <u>10-3-49</u>		REGISTRAR'S SIGNATURE <u>L. B. Clinton</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Jackson & Sons</u>		ADDRESS <u>Laurence Mo</u>	
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Per. n. Requiescat in Pace (Registrar's Statement on Reverse Side)

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

RECEIVED 10-10-49
Jasper County Health Office

County File Number 49-9-776

Date Filed 10-12-49

MAR 26 1951

MAR 27 1951

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 me

..... Student Embalmer No.
working under my personal supervision.

Student
Student Embalmer

Signed Wm K. Jackson

Licensed Embalmer No. 3954

P. O. Address Sarcoxie 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.