

FILED NOV 8 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 34241

5200

BIRTH NO. _____ REG. DIST. NO. 169 PRIMARY REG. DIST. NO. 3618 Registrar's No. 38

1. PLACE OF DEATH a. COUNTY <u>Knox</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Knox</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural - Greengrass</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural - Greengrass</u>	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) <u>7 mi N.W. of Hurdland</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION			
3. NAME OF DECEASED a. (First) <u>GEORGE</u> (Type or Print)		b. (Middle) <u>ALONZO</u>	
		c. (Last) <u>MOORE</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>OCT 27 1949</u>			
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>	8. DATE OF BIRTH <u>JAN 9 1863</u>
9. AGE (In years last birthday) <u>86</u>	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 24 HRS. Hours Mins.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMER</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>KNOX CO. MISSOURI</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
13a. FATHER'S NAME <u>JAMES MOORE</u>	13b. MOTHER'S MAIDEN NAME <u>MARGARET FARRELL</u>	14. NAME OF HUSBAND OR WIFE <u>DORA BROWN</u>	
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.	17. INFORMANT'S SIGNATURE OR NAME <u>Glen Moore - Brashear, Mo</u>	
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Some form of heart disease</u> ANTECEDENT CAUSES <u>He was dead when I was called</u> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>but family told me he had been under a doctor's care</u> DUE TO (c) <u>foreign for head trouble</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
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) m.	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 <u>Brashear, Mo</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>2</u> , 19 <u>49</u> , and that death occurred at <u>1 P</u> m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>H M Humphrey MD</u>		23b. ADDRESS <u>Brashear Mo</u>	
		23c. DATE SIGNED <u>10-28-49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Oct 29, 1949</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Adair Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Adair Mo.</u>
DATE REC'D BY LOCAL REG. <u>Nov. 2 - 49</u>	REGISTRAR'S SIGNATURE <u>W. S. Hunt</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>W. S. Hunt</u>	ADDRESS <u>Hurdland Mo</u>

RECEIVED NOV 7 1948
District Health Officer No. 10
District File Number 11-49-18
Date Filed NOV 7 1948

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 _____

Licensed Embalmer No. 3758

P. O. Address Hurdland 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.