

FILED NOV 8 1949

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **34292**

BIRTH NO. _____		REG. DIST. NO. 283		PRIMARY REG. DIST. NO. 5655		Registrar's No. 269									
1. PLACE OF DEATH a. COUNTY Lawrence				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo b. COUNTY Lawrence											
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural, McVernon		c. LENGTH OF STAY (in this place) lifetime		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN McVernon Rural		55. 0									
d. FULL NAME OF HOSPITAL OR INSTITUTION Rt 3 McVernon, Mo. 1				d. STREET ADDRESS (If rural, give location) Rt 3											
3. NAME OF DECEASED (Type or Print) a. (First) Oscar			b. (Middle) Monroe		c. (Last) Moore		4. DATE OF DEATH (Month) (Day) (Year) August 16 1949								
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never married		8. DATE OF BIRTH Dec 2 1874		9. AGE (In years last birthday) 76	<table border="1"> <tr> <td>IF UNDER 1 YEAR</td> <td>IF UNDER 2 HRS.</td> </tr> <tr> <td>Months</td> <td>Days</td> </tr> <tr> <td></td> <td>Hours</td> </tr> <tr> <td></td> <td>Min.</td> </tr> </table>	IF UNDER 1 YEAR	IF UNDER 2 HRS.	Months	Days		Hours		Min.
IF UNDER 1 YEAR	IF UNDER 2 HRS.														
Months	Days														
	Hours														
	Min.														
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) McVernon Mo Rt 3		12. CITIZEN OF WHAT COUNTRY? U.S.A.									
13a. FATHER'S NAME Jacob G. Moore			13b. MOTHER'S MAIDEN NAME Mary Jane Shipman		14. NAME OF HUSBAND OR WIFE										
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.		17. INFORMANT'S SIGNATURE OR NAME Dora Hugrove, McVernon, Mo.			ADDRESS								
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Nephritis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) same DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH Unknown								
19a. DATE OF OPERATION 2/4		19b. MAJOR FINDINGS OF OPERATION					20. AUTOPSY? YES <input type="checkbox"/> NO <input 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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 8:45A. m. , from the causes and on the date stated above.															
23a. SIGNATURE P. A. Adams (Degree or title)				23b. ADDRESS McVernon Mo		23c. DATE SIGNED 8-17-49									
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Aug-18-49	24c. NAME OF CEMETERY OR CREMATORY William Cemetery		24d. LOCATION (City, town, or county) (State) McVernon Mo.										
DATE REC'D BY LOCAL REG. Nov. 5, 1949		REGISTRAR'S SIGNATURE Cecil Hendricks		25. FUNERAL DIRECTOR'S SIGNATURE Max L. Foyette ADDRESS McVernon Mo.											

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

RECEIVED NOV 7 1949
District Health Office No. 6,
District File Number 1149-1121
Date Filed 11-7-49

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 Max J. Fossett.....

Licensed Embalmer No. 4252.....

P. O. Address MT Vernon, 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.