

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **34668**

BIRTH NO. _____ REG. DIST. NO. **274** PRIMARY REG. DIST. NO. **5935** Registrar's No. **342**

1. PLACE OF DEATH a. COUNTY Pettis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Pettis	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Sedalia		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Sedalia	
c. LENGTH OF STAY (in this place) 60 yrs.			
d. FULL NAME OF HOSPITAL OR INSTITUTION Route 1		d. STREET ADDRESS (If rural, give location) Route 1	

3. NAME OF DECEASED (Type or Print)	a. (First) JOHN	b. (Middle) RICHARD	c. (Last) MOORE	4. DATE OF DEATH (Month) (Day) (Year) Oct. 10, 1949
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Aug. 1, 1867	9. AGE (In years last birthday) 82	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer	10b. KIND OF BUSINESS OR INDUSTRY Agriculture	11. BIRTHPLACE (State or foreign country) Osceola, Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Azor Moore	13b. MOTHER'S MAIDEN NAME Elizabeth North	14. NAME OF HUSBAND OR WIFE Annar B. Moore
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give year or dates of service) no	16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Nina Moore, Rt. 1, Sedalia, Mo.
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH Chronic.
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocarditis, Coronary disease.		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arterio-sclerosis, DUE TO (c) Senile changes.		
II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Spility.		4221	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION No operation.	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) No accident.	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) No injury.	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) XXX XXX XXX
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) No injury.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? No injury.

22. I hereby certify that I attended the deceased from **March 7, 1949**, to **Oct. 10, 1949**, that I last saw the deceased alive on **October 9, 1949**, and that death occurred at **3:30 p.m.** from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) B. J. Mader, M.D.	23b. ADDRESS 112 West 4th Street Sedalia, Missouri	23c. DATE SIGNED 10-11-1949
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 10/12/49	24c. NAME OF CEMETERY OR CREMATORY Memorial Park	24d. LOCATION (City, town, or county) (State) Sedalia, Mo.
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DATE REC'D BY LOCAL REG. 10/12/49	REGISTRAR'S SIGNATURE Betty Yeager	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Edwards Sedalia, Mo.
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(Licensed Embalmer's Statement on Reverse Side)

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

OCT 17

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed 10-19-49

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 Shane Ewing

Licensed Embalmer No. 3847

P. O. Address Sealdon

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.