

FILED NOV 18 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **36515**
46515
Registrar's No. **217**

BIRTH NO. _____		REG. DIST. NO. 47		PRIMARY REG. DIST. NO. 3008		Registrar's No. 217							
1. PLACE OF DEATH a. COUNTY CALLAWAY				2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) a. STATE MISSOURI b. COUNTY GRANDY MO									
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN FULTON		c. LENGTH OF STAY (In this place) 1 hr.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN TRENTON									
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION CALLAWAY HOSPITAL				d. STREET ADDRESS (If rural, give location) 602 E. 9th									
3. NAME OF DECEASED (Type or Print) a. (First) LOWELL			b. (Middle) MELVIN		c. (Last) MOORE		4. DATE OF DEATH (Month) (Day) (Year) NOV. 11. 1949						
5. SEX MALE		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED		8. DATE OF BIRTH MAY 26, 1923		9. AGE (In years last birthday) 26		IF UNDER 1 YEAR Months 5 Days 15		IF UNDER 4 HRS. Hours Min. 	
10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) SALESMAN.			10b. KIND OF BUSINESS OR INDUSTRY PHARMACY			11. BIRTHPLACE (State or foreign country) GALT, MO			12. CITIZEN OF WHAT COUNTRY? U.S.A.				
13a. FATHER'S NAME E.A. Moore			13b. MOTHER'S MAIDEN NAME HAZEL EVANS			14. NAME OF HUSBAND OR WIFE Josephine Hiatt							
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. AK.		17. INFORMANT'S SIGNATURE OR NAME E.A. Moore			ADDRESS Olathe, Kansas					
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) Death due to multiple injuries sustained in automobile accident.						INTERVAL BETWEEN ONSET AND DEATH 3 1/2 hours					
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Automobile accident. DUE TO (c) Car left road on Tennessee											
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. over											
19a. DATE OF OPERATION			19b. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>							
21a. ACCIDENT (Specify) Auto accident		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) home		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Fulton Miss Callaway MO									
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Nov. 11 1949 2:30 p.m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? Automobile left road		14							
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 _____ m., from the causes and on the date stated above.													
23a. SIGNATURE M. Garrett (Degree or title) Coroner				23b. ADDRESS Fulton MO		23c. DATE SIGNED 11/11/49							
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE Nov. 14, 1949		24c. NAME OF CEMETERY OR CREMATORY PLEASANT VALLEY		24d. LOCATION (City, town, or county) (State) STANLEY KAN							
DATE REC'D BY LOCAL REG. Nov. 14-1949		REGISTRAR'S SIGNATURE Maretha Lawrence		25. FUNERAL DIRECTOR'S SIGNATURE Margaret Funeral Home Fulton Mo		ADDRESS							

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

District File Number _____
District Health Officer No. 9,
RECEIVED NOV 15 1949

NOV 18 1949

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 Walter J. Harris, Jr.

Licensed Embalmer No. 4557

P. O. Address Fulton, Me.

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.