

FILED MAR 8 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 3842

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 32 PRIMARY REG. DIST. NO. 5112 Registrar's No. 212

1. PLACE OF DEATH a. COUNTY <b>BOLLINGER</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Mo.</b> b. COUNTY <b>BOLLINGER</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>RURAL HORANCE Twp</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>RURAL HORANCE Twp</b>	
c. LENGTH OF STAY (in this place) <b>LIFETIME</b>		d. STREET ADDRESS (If rural, give location) <b>NEAR LUTESVILLE</b>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print) a. (First) <b>WILLIAM</b> b. (Middle) <b>HENRY</b> c. (Last) <b>MOORE</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>FEB. 26 1950</b>		
5. SEX <b>M.</b>		6. COLOR OR RACE <b>W.</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>SINGLE</b>	
8. DATE OF BIRTH <b>JAN. 25, 1876</b>		9. AGE (In years last birthday) <b>74</b>		10. IF UNDER 24 HRS. Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>NONE</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>-</b>		11. BIRTHPLACE (State or foreign country) <b>BOLLINGER Co., Mo.</b>	
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		13a. FATHER'S NAME <b>JOE MOORE</b>		13b. MOTHER'S MAIDEN NAME <b>NANCY V. POSTON</b>	
14. NAME OF HUSBAND OR WIFE <b>NONE</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>NONE</b>	
17. INFORMANT'S SIGNATURE OR NAME <b>MARY BOYD</b>		ADDRESS <b>LUTESVILLE Mo.</b>			

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH <b>Medical Certification</b> <b>Myocardial Infarction</b> <b>Antecedent Causes:</b> <b>Myocardial Infarction</b> <b>Hypertension</b> <b>DUE TO Hypertension</b>		INTERVAL BETWEEN ONSET AND DEATH <b>8 yrs</b>	
*This does not mean the mode of dying, such as heart failure, asthma; etc. It means the disease, injury, or complication which caused death.		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<b>490X</b>	

19a. DATE OF OPERATION		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 **Feb 26 1950**, to **Feb 26 1950**, that I last saw the deceased alive on **Feb 26 1950**, and that death occurred at \_\_\_\_\_, from the causes and on the date stated above.

23a. SIGNATURE <b>Wm. S. Sauer</b>		23b. ADDRESS <b>212 S. 2nd St. Lutesville Mo</b>		23c. DATE SIGNED <b>2/27/50</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		24b. DATE <b>2-28-50</b>		24c. NAME OF CEMETERY OR CREMATORY <b>BAKER CEM.</b>	
24d. LOCATION (City, town, or county) (State) <b>LUTESVILLE, Mo.</b>		24e. DATE REC'D BY LOCAL REG. <b>Feb. 27-1950</b>		24f. REGISTRAR'S SIGNATURE <b>Willie Van Damborgh</b>	

25. FUNERAL DIRECTOR'S SIGNATURE <b>BAKER FUNERAL HOME</b>		ADDRESS <b>LUTESVILLE, Mo.</b>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

MAR 7 1950

DISTRICT HEALTH OFFICE No. 4

File No. 350-329

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 J. E. Graham

Licensed Embalmer No. 4010

P. O. Address Louisville, 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.