

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

4651

FILED FEB 21 1950

State File No.

BIRTH NO. _____ REG. DIST. NO. 137 PRIMARY REG. DIST. NO. 3023 Registrar's No. _____

1. PLACE OF DEATH
a. COUNTY Henry

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE Missouri b. COUNTY Henry

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Clinton c. LENGTH OF STAY (If in this place) Life

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Clinton 0422

d. FULL NAME OF HOSPITAL OR INSTITUTION 620 W Grandview d. STREET ADDRESS (If rural, give location) 620 W Grandview

3. NAME OF DECEASED
a. (First) William b. (Middle) Manson c. (Last) Moore 4. DATE OF DEATH (Month) (Day) (Year) Feb 15-1950

5. SEX Male COLOR OR RACE White 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married 8. DATE OF BIRTH 8-15-1882 9. AGE (In years last birthday) 67 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Labourer 10b. KIND OF BUSINESS OR INDUSTRY _____ 11. BIRTHPLACE (State or foreign country) Adelia Missouri 12. CITIZEN OF WHAT COUNTRY? U.S.A

13a. FATHER'S NAME Ora Moore 13b. MOTHER'S MAIDEN NAME not known 14. NAME OF MARRIAGE OR WIFE Adelia Moore

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. 493-12-0719 17. INFORMANT'S SIGNATURE OR NAME Adelia Moore ADDRESS Clinton Mo

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

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral hemorrhage INTERVAL BETWEEN ONSET AND DEATH 28 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) second hemorrhage 3 days

DUE TO (c) Arteriosclerosis

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. 33IX

19a. DATE OF OPERATION no 19b. MAJOR FINDINGS OF OPERATION _____ 20. AUTOPSY? YES NO

21a. ACCIDENT (Specify) none 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) _____ 21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR? _____

22. I hereby certify that I attended the deceased from 1/18, 1950, to 2/15, 1950, that I last saw the deceased alive on 2/13, 1950, and that death occurred at 2:30 A. m., from the causes and on the date stated above.

23a. SIGNATURE J Powell 2nd (Degree or title) 23b. ADDRESS Clinton Mo 23c. DATE SIGNED 2/16/50

24a. BURIAL, CREMATION, REMOVAL (Specify) burial 24b. DATE 2-16-1950 24c. NAME OF CEMETERY OR CREMATORY Angledale cem 24d. LOCATION (City, town, or county) (State) Clinton Mo

DATE REC'D BY LOCAL REG. Feb-16-50 REGISTRAR'S SIGNATURE Florence Adair 42-51 FINANCIAL DIRECTOR'S SIGNATURE Lubman & Jennings ADDRESS Clinton Mo

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

FEB 27 1955

FFR 97 1000

RECEIVED

District Health Officer N

District File Number 1-50.0

Date Filed 2.20.5

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 Robert P. Dunning

Licensed Embalmer No. 4770

P. O. Address Clinton

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.