

FILED APR 3 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 9921

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 290 PRIMARY REG. DIST. NO. 4427 Registrar's No. 33

0850

0850

0

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

1. PLACE OF DEATH a. COUNTY Pulaski		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Pulaski	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Waynesville, Mo.	c. LENGTH OF STAY (In this place) hrs.	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Crocker	
d. FULL NAME OF HOSPITAL OR INSTITUTION Waynesville General Hospital		d. STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED (Type or Print) a. (First) Callie b. (Middle) c. (Last) Moore			4. DATE OF DEATH (Month) (Day) (Year) March 16, 1950	
--	--	--	---	--

5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH April 27, 1889	9. AGE (In years last birthday) 60	IF UNDER 1 YEAR Months 10	IF UNDER 12 HRS. Days 17	IF UNDER 12 HRS. 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) Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
---	--	-----------------------------------	--	--	--	-------------------------------------	--

13a. FATHER'S NAME Samuel Moore		13b. MOTHER'S MAIDEN NAME Nanny Moore		14. NAME OF HUSBAND OR WIFE Essie Moore			
---------------------------------	--	---------------------------------------	--	---	--	--	--

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. No		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Clarence Moore Crocker, Missouri			
---	--	----------------------------	--	--	--	--	--

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) <i>Pneumonia, bronchial</i> ANTECEDENT CAUSES <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i> DUE TO (b) <i>Influenza</i> DUE TO (c) <i>Aspiration pneumonia</i> II. OTHER SIGNIFICANT CONDITIONS <i>Chronic habitue for 15 yrs.</i>					INTERVAL BETWEEN ONSET AND DEATH <i>5 days</i>
---	--	--	--	--	--	--	---

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <i>None</i>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
------------------------	--	--	--	--	--

21a. ACCIDENT SUICIDE HOMICIDE (Specify) <i>no</i>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) _____ (COUNTY) <i>4</i> (STATE) <i>Missouri</i>	
--	--	--	--	--	--

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 \_\_\_\_\_, 1937, to *March 16*, 1950 that I last saw the deceased alive on *March 11*, 1950, and that death occurred at \_\_\_\_\_ m., from the causes and on the date stated above.

23a. SIGNATURE <i>C. Walker</i> (Degree or title) <i>MD</i>		23b. ADDRESS <i>Crocker, Mo.</i>		23c. DATE SIGNED <i>3-26-50</i>	
---	--	----------------------------------	--	---------------------------------	--

24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24b. DATE <i>3/19/50</i>		24c. NAME OF CEMETERY OR CREMATORY <i>Crocker Cemetery</i>		24d. LOCATION (City, town, or county) (State) <i>Crocker, Missouri</i>	
---	--	--------------------------	--	--	--	--	--

DATE REC'D BY LOCAL REG. <i>3-29-50</i>		REGISTRAR'S SIGNATURE <i>Thelma C. Buckhorn</i> 389		25. FUNERAL DIRECTOR'S SIGNATURE <i>Walter J. Nease</i>		ADDRESS <i>Beria, Mo.</i>	
---	--	---	--	---	--	---------------------------	--

MAY 1 0 1950

RECEIVED 3/29/50  
Fulaski County Health Officer  
File Number 33  
Date Recd 3/29/50

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 P. Neugebauer* .....

Licensed Embalmer No. 265 .....

P. O. Address Iberia, Missouri .....

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.