

FILED APR 5 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **10845**
Registrar's No. **2005**

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo b. COUNTY _____			
b. CITY OR TOWN St Louis		c. LENGTH OF STAY (in this place) _____		c. CITY OR TOWN St Louis		d. STREET ADDRESS (If rural, give location) 21 - 3023^a Faughton Lawton	
d. FULL NAME OF HOSPITAL OR INSTITUTION 3025^a Faughton Lawton				d. STREET ADDRESS (If rural, give location) 21 - 3023^a Faughton Lawton			
3. NAME OF DECEASED (Type or Print) DUTCH CHESTER MOORE			a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) 3 26 60	
5. SEX Male	6. COLOR OR RACE Cal.	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Dec 3 - 1890		9. AGE (in years last birthday) 59	IF UNDER 1 YEAR Months 3	IF UNDER 24 HRS. Days _____ Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Chevrolet Motors		10b. KIND OF BUSINESS OR INDUSTRY Fabn		11. BIRTHPLACE (State or foreign country) ader View Miss		12. CITIZEN OF WHAT COUNTRY? _____	
13a. FATHER'S NAME Mose Moore		13b. MOTHER'S MAIDEN NAME Savana Woods		14. NAME OF HUSBAND OR WIFE Mary Moore			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____		16. SOCIAL SECURITY NO. 497-65-9699		17. INFORMANT'S SIGNATURE OR NAME Mary Moore ADDRESS 3023^a Lawton			
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, asthma, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocarditis			INTERVAL BETWEEN ONSET AND DEATH 4 weeks
				ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Influenza			6 "
				DUE TO (c) _____			
				II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. none			
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION no operation				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) H. IX (STATE) _____			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		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 2-6- 19 50 , to 3-26- 19 50 , that I last saw the deceased alive on 3-26- 19 50 , and that death occurred at 8:00 m., from the causes and on the date stated above.							
23a. SIGNATURE Henry C. Hampton MD (Degree or title)				23b. ADDRESS 2378 Market		23c. DATE SIGNED _____	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 3-31-50	24c. NAME OF CEMETERY OR CREMATORY Washington Park		24d. LOCATION (City, town, or county) (State) St Louis's county MO		
DATE REC'D BY LOCAL REG. MAR 28 1950		REGISTRAR'S SIGNATURE J. B. Pasater		25. FUNERAL DIRECTOR'S SIGNATURE AP Richardson ADDRESS 2625 Delisyou			

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

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 AD Richardson

Licensed Embalmer No. 2928

P. O. Address 2625 Glasgow

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.