

FILED MAY 17 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **16101**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **53** PRIMARY REG. DIST. NO. **3010** Registrar's No. **151**

1. PLACE OF DEATH a. COUNTY <b>Cape Girardeau</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Stoddard</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Cape Girardeau</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Rural Pike 1030</b>	
c. LENGTH OF STAY (In this place) <b>18 days</b>		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Southeast Mo. Hospital</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>BETTY</b>		b. (Middle) <b>E.</b>		c. (Last) <b>MOORE</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>April 19, 1950</b>	
5. SEX <b>F.</b>	6. COLOR OR RACE <b>W.</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widow</b>		8. DATE OF BIRTH <b>Mar. 18, 1870</b>		9. AGE (In years last birthday) <b>80</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>---</b>		11. BIRTHPLACE (State or foreign country) <b>Franklin Co. Illinois</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>	

13a. FATHER'S NAME <b>Alfred Mann</b>		13b. MOTHER'S MAIDEN NAME <b>Caroline Duff</b>		14. NAME OF HUSBAND OR WIFE <b>Deceased</b>	
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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>Mrs. Lulu Linville, Advance, Mo. R. #2</b>		ADDRESS	
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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) <b>Coronary Thrombosis</b>				INTERVAL BETWEEN ONSET AND DEATH	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <b>Coronary</b>					
		DUE TO (b)					
		DUE TO (c)					
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				<b>4201</b>	

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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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)		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 **April 19, 1950** to **April 19, 1950**, that I last saw the deceased alive on **April 19, 1950**, and that death occurred at **10:45 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>W. H. ...</b>		23b. ADDRESS <b>Cape Girardeau, Mo.</b>		23c. DATE SIGNED <b>4/19/50</b>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>April 21-50</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Pleasant Grove cem. Stoddard Co. Missouri.</b>		24d. LOCATION (City, town, or county) (State)	
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DATE REC'D BY LOCAL REG. <b>5-10-1950</b>		REGISTRAR'S SIGNATURE <b>G. C. Summers</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>CHILES UND. CO. Bloomfield, Mo.</b>		ADDRESS	
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(Licensed Embalmer's Statement on Reverse Side)

No. 300  
10.48  
164  
WRITE PLAINLY—USING UNFAADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

MAY 15 1950

DISTRICT HEALTH OFFICE No. 4

FILE NO. 550-687

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, by Lulu  
Cooper # 3499

STUDENT EMBALMER WORKING UNDER SUPERVISION

working under my personal supervision.

Student .....  
Student Embalmer

Signed Lulu Cooper

Licensed Embalmer No. 4119

P. O. Address Bloomfield, 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.