FILED MAY 17 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 16180

BIRTH NO. _____ REG. DIST. NO. 71 PRIMARY REG. DIST. NO. 3012 Registrar's No. 68

1. PLACE OF DEATH
a. COUNTY: Clay
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Excelsior Springs, Mo.
c. LENGTH OF STAY (in this place): 3 yr 7mos 16 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Veterans Administration Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: St. Louis
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Louis, 4130
d. STREET ADDRESS (If rural, give location): 8804 Lynnwood Place

3. NAME OF DECEASED (Type or Print)
a. (First): Robert
b. (Middle): P
c. (Last): Moore

4. DATE OF DEATH (Month) May (Day) 6 (Year) 1950

5. SEX: Male
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married
8. DATE OF BIRTH: 11-21-1925
9. AGE (In years last birthday): 24 — 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): None
10b. KIND OF BUSINESS OR INDUSTRY: ---
11. BIRTHPLACE (State or foreign country): Coulterville, Ill.
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Rev. A. T. Moore
13b. MOTHER'S MAIDEN NAME: Ruby Wood
14. NAME OF HUSBAND OR WIFE: none

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes — (If yes, give war or dates of service): 12-28-43 to 4-14-46
16. SOCIAL SECURITY NO.: Yes not rem.
17. INFORMANT'S SIGNATURE OR NAME: Hospital records Excelsior — ADDRESS: Veterans Administration Hosp. Springs, 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): Pulmonary, Tuberculosis, far advanced, active

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
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.

INTERVAL BETWEEN ONSET AND DEATH: D02X

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?: ---

22. *I hereby certify that I attended the deceased from* 9-20-46, 19__, *to* 5-6-, 19 50, ~~that I last saw the deceased alive on XXXXXXXXXX, 19XXX, and~~ *that death occurred at* 6:23 P.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): L. M. Ward M.D. - Chief Surg O.
23b. ADDRESS: V.A.H. Excelsior Springs Mo.
23c. DATE SIGNED: 5-6-50

24a. BURIAL, CREMATION, REMOVAL (Specify): REMOVAL
24b. DATE: MAY 6 '50
24c. NAME OF CEMETERY OR CREMATORY: MEMORIAL PARK
24d. LOCATION (City, town, or county) (State): ST LOUIS MO

DATE REC'D BY LOCAL REG.: 5/7/50
REGISTRAR'S SIGNATURE: Caroline Hutchings 62
25. FUNERAL DIRECTOR'S SIGNATURE: Mrs C. L. Foster — **ADDRESS**: Kleo Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

MAY 15

RECEIVED
District Health Officer No. 8,

District File Number _____

Date Filed 5/16/50

MAY 17 1950

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 Lew Clark

Licensed Embalmer No. 4216

P. O. Address P. O. 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.