

FILED AUG 11 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 23780

BIRTH NO. _____		REG. DIST. NO. <u>150</u>		PRIMARY REG. DIST. NO. <u>5572</u>		Registrar's No. <u>146</u>	
1. PLACE OF DEATH a. COUNTY <u>Jackson</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Paririe</u>		c. LENGTH OF STAY (in this place) <u>20 yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Sugar Creek</u>		<u>0481</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Jackson Co. Emergency Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>114 S. Ralston</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Charles</u> b. (Middle) <u>B.</u> c. (Last) <u>Moore</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>July 29, 1950</u>				
5. SEX <u>Male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Oct. 19, 1864</u>		9. AGE (in years last birthday) <u>85</u>	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) <u>Retired farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>self employed</u>		11. BIRTHPLACE (State or foreign country) <u>Fayetteville, Tenn.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>	
13a. FATHER'S NAME <u>Hugh H. Moore</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Stæd</u>		14. NAME OF HUSBAND OR WIFE <u>Mrs. Lettie Moore</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>no</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Lettie Moore</u> ADDRESS <u>Sugar Creek, Mo.</u>			
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, ashenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral hemorrhage</u>			MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u>	
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last: DUE TO (b) <u>Arteriosclerosis</u>					<u>yr.</u>	
	DUE TO (c) <u>Chronic multiple arthritis of</u>						
19a. DATE OF OPERATION <u>None</u>	19b. MAJOR FINDINGS OF 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) (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? <u>331X</u>			
22. I hereby certify that I attended the deceased from <u>July 6, 1950</u> to <u>July 29, 1950</u> , that I last saw the deceased alive on <u>July 28, 1950</u> and that death occurred at <u>7 P. M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Frank E. Johnson, M.D.</u>		23b. ADDRESS <u>Independence, Mo.</u>		23c. DATE SIGNED <u>July 29, 1950</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>Aug. 1, 1950</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Md. Grove Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>Independence, Mo.</u>		
DATE REC'D BY LOCAL REG. <u>8-2-50</u>	REGISTRAR'S SIGNATURE <u>Ronald C. Eamshaw</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Bob Carson</u>		ADDRESS <u>Independence, Mo.</u>		

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

AUG 10 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

*Tom D. Markland*

Licensed Embalmer No. \_\_\_\_\_

4592

P. O. Address \_\_\_\_\_

Indep. 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.